

FM SOCCER CLUB
REGISTRATION FORM
www.fmsoccerclub.com

- Rec Player
- Travel (Current)
- Travel Tryout

First Name _____ Last Name _____

Address: _____

Sex: _____ Current Grade: _____ Email Address: _____

Home Phone: _____ Birth date: _____ School: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Physician's Name: _____ Phone: _____

Any special needs of which your child's coach should be aware: _____

I/WE VOLUNTEER FOR: (Please check appropriate box/boxes)

YOUR CLUB DEPENDS ON YOU

COACH: Mom Dad ASS'T. COACH: Mom Dad REFEREE: Mom Dad CONSIDERATION AS AN FM SOCCER BOARD MEMBER

PARENT REFEREE FOR KINDERGARTEN MICRO-SOCCER, 1st Grade, 2nd Grade (REF FOR YOUR OWN CHILD'S GAME): Mom Dad

EQUIPMENT COLLECTION: Mom Dad FIELD PREPARATION: Mom Dad

FEES: \$30.00 FOR ONE PLAYER \$60.00 FOR TWO PLAYERS \$75.00 FAMILY MAXIMUM

This fee includes \$5.00 FM School District Field Usage Fee. Your check is your receipt.

Make checks payable to FM SOCCER CLUB. NO REFUNDS — \$20.00/PLAYER LATE REGISTRATION FEE

FEE: _____ AMOUNT PAID: _____ CASH : _____ CHECK #: _____

I/we, the parents of the above named registrants, hereby give them my/our approval to participate in any and all F-M Soccer Club activities. I/we assume all risks incidental to such participant, and I/we waive, release, absolve, indemnify, and agree to hold harmless the F-M Soccer Club, directors, supervisors, coaches, referees, and participants for any claim raising from injury to my/our child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

In case of emergency, if family physician cannot be reached, I/we hereby authorize treatment by another qualified, licensed physician who is available.

* **NO PIERCED EARRINGS (ETC.) WILL BE ALLOWED - NO EXCEPTIONS** *

Signature of Parent/Guardian: _____ Date: ____/____/____