

FOOTHILLS SOCCER CLUB 2009 FALL SOCCER REGISTRATION

www.foothillssoccer.org

Mail Form To: Foothills Soccer Club, PO Box 80518, Portland, OR 97280

PLAYER INFORMATION

New ___ Returning ___ Has any information changed since last year? Please circle changes.

Player Name _____ M ___ F ___ Birth Date ___/___/___
(last) (first)

Address _____ City _____ Zip _____ Phone _____

Previous Team (if any) _____ Requested Team _____ Grade ___ (fall, 2008) School _____

Parent 1 Name _____ Address _____

Zip _____ Phone: Home _____ Cell _____ Work _____

E-mail _____

Parent 2 Name _____ Address _____

Zip _____ Phone: Home _____ Cell _____ Work _____

E-mail _____

PARENT SUPPORT

Foothills Soccer Club and its teams are possible only through volunteer efforts. Please select one or more of the following areas that you are willing to volunteer for:

___ Coach ___ Assistant Coach ___ Team Parent ___ Foothills Club Board Member
 ___ Other (please specify): _____

COACH AND BOARD MEMBER TRAINING AVAILABLE – ALL YOU NEED IS A LITTLE TIME AND WILLINGNESS!

FEE PAYMENT (Make checks payable to **Foothills Soccer Club**)

Registration Fee (prior to July 1st) \$ 65.00

Late Registration Fee (after July 1st) \$ 75.00

Donation \$2, \$5, or \$10 (used for scholarships) + _____

TOTAL PAYMENT FOR THIS PLAYER \$ _____

Club Only:

_____ Date Received

_____ Registration Paid

REGISTER

EARLY!!

- **Teams fill quickly!** (Practices as early as mid-August)
- **The season starts early!** (Games begin early September)

PLAYER/PARENT AGREEMENT AND CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the player, a minor, agree that I and the player will abide by the rules of the USYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury to the players, I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for soccer play, against any claim by or on behalf of the player as a result of the player's participation in this program and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

Doctor to notify in emergency: _____ Doctor's Telephone: _____

Please list any known medical conditions, asthma or allergies:

Parent/Guardian Signature X _____ Date: _____

(Please Print Name) _____