

# FOOTHILLS SOCCER CLUB 2010 FALL SOCCER REGISTRATION

[www.foothillssoccer.org](http://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, 2010) 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 June 15 <sup>th</sup> )	\$ 65.00
Late Registration Fee (after June 15 <sup>th</sup> )	\$ 75.00
Donation \$2, \$5, or \$10 (used for scholarships)	+ _____
<b>TOTAL PAYMENT FOR THIS PLAYER</b>	<b>\$ _____</b>

Club Only: _____ Date Received _____ Registration Paid
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### **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 PYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury to the players, I hereby release, discharge, and/or otherwise indemnify the PYSA, 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: \_\_\_\_\_

Parent/Guardian Signature X \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print Name) \_\_\_\_\_