

Guttenberg soccer/futbol program Spring 2016

REGISTRATION FORM

PLAYERS' NAME:	TODAY'S DATE:
ADDRESS:	PHONE:
	EMAIL:
SCHOOL:	AGE:
PLACE OF BIRTH:	DATE OF BIRTH:
PARENTS NAME:	PHONE:
EMERGENCY CONTACT:	PHONE:

MEDICAL CLEARANCE	PLAYER EXPERIENCE LEVEL: (PLEASE CHECK ONE)
PLEASE LIST ANY MEDICAL CONDITION THAT A SOCCER COACH SHOULD BE AWARE OF:	<input type="radio"/> NEW TO SOCCER/NO EXPERIENCE <input type="radio"/> PREVIOUS RECREATION EXPERIENCE <input type="radio"/> TRAVELING LEVEL

SOCCER PARTICIPATION WAIVER	OFFICE USE ONLY	CHECKLIST
<p>I DECLARE THE ABOVE NAME OF MY DAUGHTER/SON, WHOSE PERSONAL INFORMATION APPEARS ON THIS FORM, IS FIT AND IN GOOD HEALTH TO PARTICIPATE IN THE SPORT OF SOCCER IN THE GUTTENBER SOCCER PROGRAM.</p> <p>I ACKNOWLEDGE THAT THERE IS A POSSIBILITY OR PHYSICAL INJURIES ASSOCIATED WITH SOCCER. I HEREBY WAIVE ANY RESPONSIBILITY TO THE CLUB, DIRECTORS, AND ORGANIZERS OF SUCH EVENTUAL INJURY DURING MY CHILD'S SOCCER PROGRAM PARTICIPATION.</p> <p>PARENTS/GUARDIANS SIGNATURE</p> <p>(SIGNATURE INDICATES THAT ALL INFORMATION IS TRUTHFUL)</p> <p>DATE:</p>	DATE RECEIVED:	
	PROOF OF ADDRESS:	
	RECENT PHOTO	
	PROOF OF AGE	
	\$40 MONEY ORDER OR PERSONAL CHECK	
	RECEIVED BY	
	PLAYER UNIFORM SIZE	
	JERSEY	SHORT
	<input type="text"/>	<input type="text"/>

DATE:	MONEY ORDER #	
PLAYER'S NAME:	CHECK #	
	AMOUNT	\$
RECEIPT: GUTTENBERG SOCCER PROGRAM		