



Registration Form

Registration due August 14, 2009

Player Information

Player's Name:		Date of Birth:	
Address:		Years of Experience:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Teacher & School:	Grade (2009-2010):

Legal Guardian/Emergency Contact Information

Name:	Relationship to player:
Phone:	E-mail Address:

State any known medical condition(s) which may affect the player's ability to participate:

Registration : \$15.00 /player

Send to School or Mail completed form and payment to:

**F-M Soccer Club
PO Box 492
Tabor, IA 51653**

Parental Involvement

The success of this program relies on parental involvement. Please check any and all of the following positions in which you would be willing to volunteer your time to help.

Coach Assistant Coach Team Parent Fundraising/Work in Concession Stand

Release and Medical Authorization

I am the parent, or legal guardian of the player in Section 1 above. In consideration for my child being registered for this program, I do hereby agree to indemnify and hold harmless from any and all claims or expenses, including all medical or legal expenses, against the FM Soccer Club and its officers and coaches from all liability for negligence causing any injuries or damages to me or my child, as a result of his/her participation in the FM Soccer Club. I do hereby authorize FM Soccer Club to secure emergency care, if necessary.

Do you give permission to post your child's picture in the paper or on the club's website Yes No

Parent or Legal Guardian's Signature

Date

Club Use Only: Cash Check # _____ No Payment Entered Team _____

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Late Entries Will Be Reviewed