

Colonie Soccer Club Fall 2010 Recreation Registration Form

Player Information

Grade _____

Last Name _____ First Name _____ Middle _____

Date of Birth _____ Age ____ Gender M / F

Address _____ City _____ Zip _____

Phone _____ School _____

Number of years of Recreation experience _____ Do you play on a travel team? Y N

If yes, what age group _____

Parent/Legal Guardian Information

Name(s) _____ Phone (if different) _____

E-mail _____ Cell Phone _____

Emergency Contact (list someone other than Father & Mother)

Contact _____

Phone _____ Cell Phone _____

I, the parent or legal guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules of the Colonie Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Colonie Soccer Club accepting the registrant for its soccer programs and activities (herein known as programs), I hereby release, discharge and/or otherwise agree to indemnify the Colonie Soccer Club, associated personnel, including the owners of fields and facilities utilized, and sponsors, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to/from same.

Parent/Legal Guardian (signature) _____ Date _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by duly licensed doctor of medicine, EMS or Doctor of Dentistry. This care may be given under whatever conditions are necessary as to preserve the life, limbs or well-being of my dependent.

Parent/Legal Guardian (signature) _____ Date _____

Coach/Player requests:

Special Needs of your child:

Volunteer Information

Assistant Coach must be prepared to coach if needed for any reason

I Volunteer to Coach or Assist (circle one) Name _____