

Player's
Tryout # _____



FREEDOM SOCCER CLUB

Club Registration / Release Form

Revised: 2010



Player's who are selected and commit to play for the Freedom Soccer Club are members of their team for a period of one year, beginning July 1, 2010 and ending June 30, 2011.

Please check the appropriate box:

- U8/9** 8/1/01-7/31/03
 U10 8/1/00-7/31/01
 U11 8/1/99-7/31/00
 U12 8/1/98-7/31/99
 U13 8/1/97-7/31/98
 U14 8/1/96-7/31/97
 U15 8/1/95-7/31/96
 U16 8/1/94-7/31/95
 Fall HS Team

PLEASE PRINT ALL INFORMATION LEGIBLY (OR TYPE)

PLAYER'S INFORMATION

Player's Name:					
Player's Address:					
City, State & ZIP					
Date of Birth		Check One	<input type="checkbox"/> M <input type="checkbox"/> F	School Attending/ Grade Next Fall	
Team Played for Last Season					
Other Sports /Activities					
Medical Conditions					

PARENT/GUARDIAN INFORMATION

Father's Name					
Father's Phone #:	(_____) _____ - _____	(h)	(_____) _____ - _____	(c)	
Father's Email Address:					
Mother's Name					
Mother's Phone #:	(_____) _____ - _____	(h)	(_____) _____ - _____	(c)	
Mother's Email Address:					

Please contact me at this phone number on the SUNDAY after tryouts: _____

Release/Waiver:	<p>Release: I recognize the possibility of injury associated with soccer, this tryout, and my involvement with the Freedom Soccer Club (FSC), its teams, and all related activities. I hereby release, discharge, and otherwise indemnify the FSC, its affiliated organizations, the club directors, coaches, sponsors, volunteers, and associated personnel including the facility owners and their employees, from any claim by or on behalf of the registrant as a result of the registrant's participation and/or being transported to and from events with the FSC. This includes but is not limited to injuries, illness, losses or damages of any kind to person or personal property incurred during my involvement. I authorize the Freedom Soccer Club, its directors, coaches, and associated personnel to act on my child's behalf according to their best judgment in any incident or emergency requiring medical or other attention.</p>
Code of Conduct:	<p>Code of Conduct: The FSC expects players, parent/guardians, and family members to demonstrate good sporting behavior before, during, and after club/team activities. Any player or players' family member displaying unsporting behavior involving teammates, officials, opponents or coaches may result in my child being removed from the team/club.</p>
Disclosure:	<p>Disclosure: I understand that 1) information collected on this form will be used by officials of affiliated soccer organizations to establish my child's eligibility to participate in the Freedom Soccer Club (FSC) 2) the information will not be disclosed except to officials of the affiliated soccer organizations and the associated Parks' Board, 3) the names, address(es), and phone number(s) on this form may be shared with members of the team that my child plays on; and 4) personal information will be held one year in case my child re-registers for FSC. I consent to the disclosure and use of this information to the extent noted here</p>
Deposit:	<p>Note: A \$300 nonrefundable deposit is due at the first team meeting. The fee schedule/due dates will be given at that meeting.</p> <p>As the parent/guardian of the player named, by signing below I am indicating that I understand and acknowledge all items above and provide my consent for emergency medical treatment, and waive liability during the tryout and any associated time with FSC.</p>
Signature:	<p>X _____ Date: _____</p>