

Grade In
September



Player Registration Form

Player (Name - Address) _____

Sex

Medical Restriction _____

Date of birth

Conflicting Activities _____

Mother (Name - Address) _____

Home Phone _____

Business Phone _____

Cell Phone _____

Father (Name - Address) _____

Home Phone _____

Business Phone _____

Cell Phone _____

Emergency _____

Home Phone _____

Cell Phone _____

Doctor _____

Business Phone _____

Volunteer _____

Coach Equipment Snack Shack Pay \$20.00

Assistant Coach Fields Other

Medical Consent

I hereby give my authorization and consent to any supervising representative of the Carle Place Soccer Club to cause medical attention to be administered to my child

In the event of an accident, injury, sickness, or other medical problems. This authorization and consent shall take effect immediately and shall continue in effect through all times during which my child is a participant in the Carle Place Soccer Club Activities for the 2005 season. I hereby waive, release, and agree to hold harmless the Carle Place Soccer Club and all of its officers, directors, staff and personnel against any claim arising out of injury to such child.

Signature of Parent or Guardian