



# FREMONT SOCCER CLUB



Fall 2011 SOCCER REGISTRATION

This form expires on: August 19, 2011

## Player Information

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address: \_\_\_\_\_

City · State · Zip \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2011 – 12): \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent Information

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Age Divisions

Select	Level	Cost	Boys / Girls	Born On/After	Typical Grades	Previous Team if played for the Club
_____	U8	\$50	Coed	08/01/2003	1 <sup>st</sup> & 2 <sup>nd</sup>	_____
_____	U10	\$65*	Boys / Girls	08/01/2001	3 <sup>rd</sup> & 4 <sup>th</sup>	_____
_____	U12	\$65*	Boys / Girls	08/01/1999	5 <sup>th</sup> & 6 <sup>th</sup>	_____
_____	U14	\$65*	Girls	08/01/1997	7 <sup>th</sup> & 8 <sup>th</sup>	_____
_____	U15	\$65*	Boys	08/01/1996	7 <sup>th</sup> & 8 <sup>th</sup>	_____

\*Jersey required for U10 teams and up – cost \$20. Placement on a team is based upon availability. Refund of registration fee minus \$15 will be returned upon written request if received prior to the beginning of the season. No refunds given once the season has begun.

## Medical Release / Permission

I hereby authorize the Fremont Soccer Club to provide emergency medical treatment for my son or daughter, \_\_\_\_\_ (NAME) \_\_\_\_\_, should an injury occur during practices or games. My child is in good physical health and physically capable of participating in youth soccer. I hereby release, discharge, and/or otherwise indemnify the Fremont Soccer Club and its associated personnel including all volunteers against all claim by or on behalf of the registrant as a result of the registrant's participation in the program. I also understand that player commitment is for the fall 2011 season. I understand that it is my responsibility to see that my child attends 70% of the practices and games.

Parent / Guardian (please print) \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Support

**PLEASE CONSIDER AREAS IN WHICH YOU CAN HELP. CHECK YOUR INTEREST**

\_\_\_\_\_ Coaching    \_\_\_\_\_ Fund Raising    \_\_\_\_\_ Team Parent    \_\_\_\_\_ Board    \_\_\_\_\_ Fields  
\_\_\_\_\_ Asst. Coaching

### (For Soccer Club Use:)

Payment made: \_\_\_\_\_ Cash / Check # \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Team \_\_\_\_\_

**Checks payable to the Fremont Soccer Club**

Please circle jersey/t-shirt size IF ORDERING:

YS    YM    YL    AS    AM    AL