

# FAITH FELLOWSHIP SOCCER LEAGUE

JULY 10, 17, 24, 31, AUGUST 7, 14, 21 - 10AM – 11:15AM

## REGISTRATION FORM

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Child is entering: \_\_\_\_\_

Years Soccer Experience: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Church: \_\_\_\_\_

How did you hear about FFC Soccer League? \_\_\_\_\_

### Family Information

Father: \_\_\_\_\_ Best number to be contacted at: \_\_\_\_\_

Mother: \_\_\_\_\_ Best number to be contacted at: \_\_\_\_\_

### Medical Release Information:

As the parent or legal guardian of the above mentioned player, I hereby give my consent for emergency medical treatment / care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions may be necessary to preserve the life, limb, or well being of my dependant.

Parent / Guardian Printed Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Person to notify in case of emergency and phone: \_\_\_\_\_

List any and all health problems, limitations and allergies: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Division: \_\_\_\_\_

Team: \_\_\_\_\_