

FFSL
2008

Soccer Camp and League Registration

Faith Fellowship Church

Child's Last Name: _____ First Name: _____ M: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No. _____

Birth date: _____ Gender: _____ Age: _____ Grade Child is entering: _____

Years Soccer Experience: _____ Church: _____

Family Information

Father: _____ Mother: _____

Work phone number(s),
Please specify: _____

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 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**: _____

Soccer League Only

Shirt size (circle one): Youth S M L Adult S M L XL

Cost: \$5.00 Registration deadline is July 6, 2008

Please return or mail in by this date to: Faith Fellowship Church

11478 Main Street
Clarence, NY 14031 (716) 759-6632