FOR OFFICIAL USE ONLY : _____ _____ _____
AGE GROUP TEAM DATE

REGISTRATION FEE: _____
NON RESIDENT FEE: _____ PPN _____ _____
UNIFORM SHORTS: _____
UNIFORM JERSEY: _____ PAYMENT: ___ CASH
UNIFORM SOCKS: _____ ___ CHECK#_____
MISC _____: _____
LATE FEE_____: _____ SEASON
FALL SPRING

TOTAL FEES: _____

_____ _____ _____
PLAYER'S LAST NAME FIRST MIDDLE INITIAL GENDER DATE OF BIRTH

_____ _____ _____
STREET OR MAILING ADDRESS CITY ZIP

_____ _____ _____ _____
SCHOOL ATTENDING GRADE SOCCER EXPERIENCE HS GRAD YEAR

_____ _____ _____ _____ _____
PARENT/GUARDIAN HOME PHONE # CELL PHONE EMAIL ADDRESS

Special Needs/Coach Request: _____

Volunteer sign-up: Please indicate if you would be willing to volunteer on the team or club level in any of the following positions: Thank you!

_____ Head Coach _____ Assistant Coach _____Team Manager _____ Club Volunteer

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INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Maitland Soccer Club, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent/Guardian Signature: _____

UNIFORM: Jersey size: _____ Shorts size: _____ Socks: size: Yth / Adt *Optional*: Backpack/Duffel Bag