

Fulton County Soccer Association Fall 2014 Registration Form

Register and pay online at www.fultoncountysoccer.org & click on "register online"

Deadline is July 28th. After July 28th, a \$10 late fee will be assessed per player.

Players 4 years old - 8th grade are eligible to play. All grades play at FCSA fields.

Practice may begin the week of Aug. 4th. Questions?? Call Julie King 574-835-3873.

Child's name _____ Grade ____ Sex ____ DOB _____
Address _____ City _____ Zip _____
Phone _____ Cell _____ Emergency contact _____
Parent/Guardian _____ Emergency number _____
Email _____ (we communicate via email often so please include your email address)

Fee: \$37.00 per player who participates in the fundraiser.

There is an additional fee of \$25.00/player or \$40/family if you would like to opt out of the fundraiser. **All fees are non-refundable.**

T-Shirt Size (circle size) YS YM YL AS AM AL AXL

Support FCSA by purchasing an adult T-shirt for \$10/shirt (these cannot be ordered after the registration deadline) AS AM AL AXL AXXL AXXXL

Volunteers needed in the following areas (circle any you are willing to help with)

Coach Asst. Coach Team Parent Name _____ Shirt size _____

Other areas of help needed: Concession Stand Mowing/lining Fundraiser

Would you like to become a referee? (must be 14 yrs or older) Name _____

INSURANCE/MEDICAL DISCLAIMER: I/We, the parents/guardians of) _____,

Give my approval for my child's participation in any and all FCSA activities. I assume all risks incidental to such participation, including transportation to and from activities. I waive, release, absolve, indemnify, and agree to hold harmless the FCSA/NCSA organizers, officers, board, sponsors, coaches, participants, referees, landowners and persons from any claim or injury to my child or loss of personal property during these activities, home or away. I understand and agree that my insurance coverage through FCSA shall be secondary to any medical insurance I may have, and will only come into effect after my personal insurance has been exhausted.

I give my permission to have my child treated by the nearest physician if injured in my absence.

Signature of Parent/Guardian _____ Date _____

Mail form & fee to: FCSA, P.O. Box 285
Rochester, IN 46975

Or, **register online** at www.fultoncountysoccer.org

Or, **register at the Rochester Kroger**

July 26th 10 am-1 pm

APPROVED for distribution on RCSC students/DR/5/29/14

Do not write in this area:

Amount paid _____

Date _____