

Fulton County Soccer Association Fall 2015 Registration Form

Register and pay online at [www.fultoncountysoccer.org](http://www.fultoncountysoccer.org) & click on "register online"

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

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

Practice may begin the week of Aug. 5<sup>th</sup>. 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](http://www.fultoncountysoccer.org)

Or, **register at the Rochester Kroger**

July 18th 10 am-1 pm

**Do not write in this area:**

Amount paid \_\_\_\_\_

Date \_\_\_\_\_