NEW WEBSITE……. Fultoncountysoccer.org

SPRING 2011 FULTON COUNTY SOCCER REGISTRATION FORM

If you have any questions call (574) 835-6532

DEADLINE IS JANUARY 29TH. A $10.00 late fee per player will be added after the deadline.

Practices start the week of March 21st.

CHILD'S NAME _____ Did this child play Spring 2010?_____

Address _____ City _____ Zip_____

Home Phone _____ Grade _____ # of seasons played _____

Date of Birth _____ Sex (Circle One): Male Female

Medical conditions_____

_____ _____

Parents/Guardians Names (please print both) Cell or Work Phone Number

T-SHIRT SIZE: These run small. (circle one) YS YM YL AS AM AL AXL

NEW this year…support FCSA by purchasing an adult T-Shirt for $10 per shirt ordered…

These run small (circle one) AS AM AL AXL AXXL AXXXL

FEES: $35.00 per player who participates in the fundraiser.

ALL FEES ARE NON-REFUNDABLE

If you opt out of the fundraiser the cost is 25.00 extra for a single player or 40.00 for a family.

VOLUNTEERS NEEDED. Please circle which one you would like to help with.

Coach Asst. Coach Team Parent Name_____ Shirt Size _____

Date of Birth_____

WOULD YOU BE INTERESTED IN BECOMING A **PAID REFEREE** ? Name_____

******You may be contacted by an FCSA board member for your child to participate in try-outs*******

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 the activities. I waive,release,absolve,indemnify, and agree to hold harmless the FCSA/NCSA organizers,officers, advisory board, sponsors, coaches, participants, 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 _____ Date _____

(Parent or Guardian)

2 ways to turn in forms:

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

Come to open registration at: Fulton County Public Library
January 21st 4p-6p in Meeting Room B or
January 29th from 10a-12:30p in Meeting Room B

DO NOT WRITE IN THIS AREA

Amount Paid:_____

Date Paid:_____

Paid by: Cash or check#_____