

FULTON COUNTY SOCCER ASSOCIATION
HIGH SCHOOL/ADULT Spring Soccer Program April / May 2013

Games will be 7v7 (there may not be more than 6 players from a high school team playing together). Games will be two 35 minute halves with a 5 minute half time. Each team should expect to have one week where they will play two games. All teams must have at least 10 players on their roster. **Cost will be \$25 per player.** This cost will include a team shirt. Teams will be drafted by designated team captains. You may request to play with others, and we will try to honor those requests. All teams will play at least 6 games plus a tournament. Games will be played on Sunday afternoons. Tournament games will be played beginning on Sunday June 2 – June 4 in the evenings. Some dates may be subject to change. **The schedule will be posted by April 8th at Fultoncountysoccer.org. The 1st game will be April 14th. ALL REGISTRATION FORMS ARE DUE APRIL 3RD. LATE REGISTRATIONS WILL BE ACCEPTED, BUT YOU WILL NOT BE GUARENTEED A SHIRT.**

Name: _____ Age: _____
(Last) (First)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Sex: Male Female Age: ____ Years of experience _____

High school you attend if applicable _____ **Shirt Size: AS AM AL AXL**
(circle one)

Emergency contact: _____ Phone: _____ Relationship: _____
(First/Last name)

WAIVER OF LIABILITY AND DISCLAIMER

To induce the Fulton County Soccer Association (FCSA) to accept registration and permit participation in the FCSA program by the named individual, I hereby agree to release, indemnify, and hold harmless the FCSA, its officials, coaches, and representatives from any claim arising out of injury to the named individual. We also hold harmless the FCSA, its officials, coaches, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

AGREEMENT

1. I hereby certify that the named individual is in normal health and capable of safe participation in this program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the FCSA to obtain medical treatment for the named individual in the event that the emergency contact (or parent if applicable) cannot be reached.
2. I support FCSA philosophy and core values, which are **caring, respect, honesty, and responsibility.**

Special Request/health needs/comments:

Signature

Date

FOR OFFICE USE

Date: ___/___/___ **Fee \$25.00** -Amount Paid: _____ Check #: _____ Cash: _____

Return to: Trevor Brown @ 1 Zebra Lane Rochester, In 46975 or give to Trevor in person
If you have additional questions e-mail trevor.brown@zebras.net