



2010–2011 Registration Form

Player Name (Please Print) _____

Birth Date _____ / _____ / _____ Current Grade in School _____ 2010 BU _____ GU _____

Home Phone _____ Cell Phone _____

Address: _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Email 1 _____ Email 2 _____

Emergency Contact (other than parent/guardian): _____

Home Phone _____ Cell Phone _____

Previous/Current Club/Organization _____

Years Played Club Soccer (Gold, Silver Elite, Silver, Bronze): _____

Field Position _____ Right or Left Footed _____

Parent/Guardian Wavier & Consent: I the Parent/Guardian of the player named herein, acknowledge participation in the sport of soccer, as in many sports may result in injury. The undersigned Parent/Guardian therefore releases the Irvine Premier Soccer Club, it's member leagues, teams, agents, officers, coaches, trainers, players and City of Irvine from liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, heirs or personal representatives, arising from any injury the player sustained while participating in soccer or related activities, including transportation.

Name: _____

Parent/Legal Guardian (Please Print)

Signature _____ **Date** _____

Consent for Medical Treatment (Minor)

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature _____ **Date** _____