



THE TOWN OF HOLYROOD, HOLY CROSS ELEMENTARY & STRIKERS FC/CBS SOCCER



PLAYER REGISTRATION FORM

2012 Saturday Morning Soccer Program

Please fill in player information section as completely as possible.

GIVEN NAME: _____ MIDDLE INITIAL: _____ SURNAME: _____

AGE: _____ SEX: _____ MCP: _____

GRADE LEVEL : _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

TELEPHONE (HOME): _____ WORK: _____ CELLULAR: _____

FAMILY DOCTOR: _____ TELEPHONE: _____

DOES YOUR CHILD CARRY OR REQUIRE AN EPIPEN OR OTHER LIFE SAVING SERVICE? _____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES OR OTHER MEDICAL CONDITION? _____
IF YES, DESCRIBE _____

Session:

Ages 3-5	\$60.00	Saturday: _____ 9:00-10:00 am
Ages 6-9	\$60.00	Saturday: _____ 10:00-11:00 am
Ages 10-12	\$ 60.00	Saturday: _____ 11:00-12:00 am

This section must be completed by Parent(s) / Guardian(s)

PARENT/GUARDIAN #1: _____ TEL. (WORK): _____
EMAIL: _____ TEL. (CELL): _____

PARENT/GUARDIAN #2: _____ TEL. (WORK): _____
EMAIL: _____ TEL. (CELL): _____

WAIVER: I/we give permission for our son/daughter to participate in the soccer skills sessions with Strikers FC. I/we understand that the association and its representatives will not be held liable for any loss, accidents or injury incurred during your son/daughters participation in soccer activities or traveling to or from practice or games.

Parent / Guardian Signature: _____ Date: _____

Your child's photo may appear on our web site or other mediums for the purpose of club exposure and/or player and team recognition.
Do you object? Yes _____ No _____

FOR OFFICE USE ONLY

RECEIPT: _____
AMT PD: _____