

YOUTH SOCCER REGISTRATION-You may register by mail but you must call for availability first. Complete the Registration Form in Full (one per player).

Name of Child: _____ Grade Level: _____
Age: _____ D/O/B: _____ Gender (circle): M F

Email Address: _____
(PLEASE PRINT CLEARLY-MOST CORRESPONDENCE VIA EMAIL.)

Address: _____ City: _____ Zip: _____

Telephone No. _____ Cell: _____

Emergency Name: _____ Emergency No: _____
Soccer Experience (yrs) _____ Travel or Recreation
Skill level: (1) beginner (2)1+rec.player (3) travel player (4) travel player 2+years

Parent Volunteering to Coach: Name _____
Coaching license (not required) _____ Years Coaching _____ (Trav. Rec)

(Coaches will be selected by experience if conflicts arise)
Car Pool Request (limit 2, names must be on both registration forms). This is not guaranteed.

1st: _____ 2nd: _____

Please read carefully and sign the following: In consideration for being allowed to participate in any way in Tab Ramos Sports Center (also known as the Sports Center hereafter) athletics/sports program, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with the Sports Center or its staff while they/I am on the premises of the Sports Center and I further hereby voluntarily agree to waive my/our rights and that of my/our heirs and assigns to hold the Sports Center, its employees, agents, principals or otherwise liable for injury, death, and/or damages sustained by the above named child. I further understand that I should be aware of my child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate.

Signature of Parent or Legal
Guardian: _____ Date: _____

What activity are you registering for: _____

Date of activity: _____

Payment Amount: _____ (Check/Charge/Cash)

(Visa/Amex/MC/Discover) Ck no. _____

Credit Card No. _____ Expiration Date: _____

I authorize my card to be charged in the amount of _____ for the above named activity.

SIGNATURE _____ DATED: _____