

**Fergus Falls Youth Soccer Association  
2010 Fall Rec Registration**



Team _____
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Player's Name: \_\_\_\_\_ Boy or Girl \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous Soccer Experience: \_\_\_\_\_

**EMERGENCY INFORMATION - In an emergency when parents cannot be reached, please contact:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

T-shirt sizes (circle one): YS YM YL YXL Shirts will be handed out at registration meetings.

<b>Volunteer (please circle):</b> Coach Asst. Coach Team Helper Photo Day (Sept. 9)
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**Fees for 2010 season (circle one) – \$40 fall season \$70 for fall/spring \$50 late registration**  
Make checks to FFYSA.

I hereby give permission and approval for the above named child to participate in soccer activities with Fergus Falls Youth Soccer Association. I assume all risks and hazards incidental to such activity and participation, and release the sponsors, supervisors, and participants from any claim arising from an injury to my child. As the parent/legal guardian of a participant in USYSA/MYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Registrations received on or before Sept. 3 will be given priority. Registrations received after this date may not be placed on a team. Late registration is \$50. If you cannot attend a registration meeting, please mail registration forms and late fee to:

**Fergus Falls Youth Soccer Association  
P. O. Box 806  
Fergus Falls, MN 56538**

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For Organizational Use: Club Official's Initials \_\_\_\_\_

Check Number \_\_\_\_\_ Date Check Received \_\_\_\_\_ Check Amt \_\_\_\_\_ Cash Received \_\_\_\_\_