

Fergus Falls Youth Soccer Association 2010 Spring Rec Registration



Team _____

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 _____

Fees for 2010 season – \$40 per player – Kindergarten through 6th grade

Payment (circle) Cash Check (Make out to FFYSA)

T-shirt sizes (circle): YS YM YL YXL AS AM AL AXL

Volunteer (circle):	Coach	Asst. Coach	Team Helpers	Shirts	Photos
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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 April 15 will be given priority. Registrations received after this date may not be placed on a team. If you are unable to attend registration, please mail registration forms and fee to:

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

For Organizational Use: Club Official's Initials _____

Check Number _____ Date Check Received _____ Check Amt _____ Cash Received _____