



# Fairmount Soccer Association Fall Registration 2009

P.O. Box 42844, Philadelphia, PA 19101 Phone: (215) 735-1120 Web: <http://www.fairmountsoccer.org>

## PLAYER Information - PRINT CLEARLY

Last Name:	
First Name:	Date of Birth:
Street Address:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
City/State/Zip:	Home Phone:
Email Address:	Alternative Phone:

Intramural     consider for **Travel**, but will play Intramural if not accepted     **Travel only**

Fee is **\$100** for Intramural players. Send this completed form and a check or money order made payable to: **Fairmount Soccer Association** to the address above. Full and partial scholarships are available upon request. Late fee of \$10.00 is due if postmarked after 8/1/09. Refunds available if your child withdraws before teams are formed (around Labor Day.)

Registration alone does not make a child eligible. Enrollment must be confirmed by the Association prior to participation of the child in team activities. If the child is judged ineligible, the registration fee will be returned. Fairmount Soccer Association reserves the right to release a player at any time for disciplinary or safety reasons. If a player drops out or is released once assigned to a team, no refund will be available.

I/we the parents/guardians of the above name child give permission for participation in any and all Fairmount Soccer Association programs and activities. I/we assume the risks and hazards incidental to such participation including transportation to and from the activities, and do hereby waive and absolve the Fairmount Soccer Association and their officers, directors, teams, coaches, all other officials, sponsors, and supporters from any claims arising out of any injury to my/our child except to the extent, and in the amount, covered by available accident insurance. I/we agree to return upon request any equipment or other items issued.

Further, to ensure safety of the player and others, and provide for full participation, **I/we certify:**

Player's health, sight, hearing, ability to learn, and behavior in groups **require no special precautions or accommodation.** (Fairmount Soccer Association may require medical clearance for the player, and a discussion with you regarding the player's need for accommodation or exclusion if it becomes necessary.)

*or*

Player's **may need accommodation or special precaution** to ensure safety and participation. (Describe the situation fully on an attached sheet.)

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

interested in being a head coach     or assistant coach

contact me about sponsorship