



Fairmount Soccer Association Registration 2007-2008 - Fall

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

PLAYER Information - PRINT CLEARLY

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

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

Intramural fees for all players, ages 5-13 (born 8/1/94 to 7/31/02), enclose **\$100** for the first child of a family, and **\$90** for each additional child. Priority registration date is August 1, 2007. **Those registering after August 1 cannot be guaranteed a roster spot.** There is a **\$10 Late Fee** for registrations after August 1.

Travel players should enclose **\$115**, and **apply for a tryout by June 30, 2007**, via the website. If you are not currently on a Travel team, but are applying to tryout, please send the lower Intramural fee. **Send completed form** and a check or money order made payable to: **Fairmount Soccer Association** to the address above.

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 named 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 **may need accommodation or special precautions** to ensure his/her safety and participation. (Describe the situation fully on an attached sheet.)

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date of Signature:** _____

I am interested in being a head coach assistant coach team administrator

I have enclosed a \$45 Fair Share Contribution