

**2010
FALL TRAVEL YOUTH SOCCER
REGISTRATION FORM**

(Please return with fee, copy of birth certificate, if not on file, and player photo)

YOU MUST HAVE PROOF OF AGE TO REGISTER !

REGISTRATION DEADLINE July 23 , 2010 !

Participant Name _____

Last 6 digits of SS # _____ Age on 7/31/2010 _____ Birth Date _____ Sex _____

School _____ Grade _____ Uniform Size (Circle) YS YM YL AS AM AL AXL

Classic League Player Yes _____ No _____ Name of Classic Club _____

Primary Guardian Name _____

Address _____ City _____ Zip _____

Phone# _____ Work/Cell _____ E-mail (print legibly) _____

Doctor's Name _____ Phone # _____

Emergency Contact _____ Phone # _____

Allergies/Disabilities/Medical Conditions _____

I give my permission in case of injury to take my child to a medical facility for needed treatment. I, also, represent that the registrant is in good health and can participate in competitive soccer and with prior knowledge of the physical nature and inherent risks, release Hempfield Recreation, Hempfield School District, and PA West Soccer from any and all responsibility for injury to the player as a result of negligence or otherwise while he/she is participating in the travel soccer program.

The undersigned individual also hereby give permission to Hempfield Parks and Recreation to use photographs of the participant for the promotion of Hempfield Soccer, Hempfield Parks and Recreation events and programs and PA West Soccer.

Parent/Guardian Signature _____ Date _____

Volunteer Coach Name _____ Coaching License _____

Amt. Pd. _____ Cash _____ Ck _____ BOF _____ Please Circle: MC Visa Discover

Card Number _____ Exp. Date _____ +3 Security # (back of card) _____
