

\$90 1 SEASON

___ COACH

___ ASS'T

FARMINGDALE SOCCER CLUB



PLEASE PRINT CLEARLY <> COMPLETE ENTIRE REGISTRATION FORM

___ MALE ___ FEMALE

DATE OF BIRTH _____

NAME _____ PHONE # _____
LAST FIRST

RESIDENCE _____
STREET TOWN ZIP CODE

DO YOU LIVE IN THE FARMINGDALE SCHOOL DISTRICT? ___ YES ___ NO > IF NO, WHAT DISTRICT _____

E-MAIL ADDRESS _____
PLAYER PARENT

HAS ANY INFO CHANGED SINCE LAST REGISTRATION? ___ YES ___ NO

MOTHER'S NAME _____ OCCUPATION _____ CELL # _____

FATHER'S NAME _____ OCCUPATION _____ CELL # _____

PLAYER/PARENT CODE OF ETHICS

- *WE WILL TRY TO ATTEND EVERY PRACTICE AND GAME THAT WE CAN AND WILL NOTIFY COACHES IF WE CANNOT
- *WE WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS
- *WE WILL TREAT OTHER PLAYERS, COACHES, FANS, AND OFFICIALS WITH RESPECT AT ALL TIMES
- *WE WILL REMEMBER THAT PARTICIPATION IN SOCCER IS AN OPPORTUNITY TO LEARN AND HAVE FUN FOR ALL YOUTHS
- *WE WILL FOLLOW ALL FARMINGDALE SOCCER RULES AND CODES OF CONDUCT AT ALL GAMES AND PRACTICES

CONSENT OF PARENT OR GUARDIAN

I, the undersigned, parent or guardian of _____ do hereby grant permission for his or her participation in all activities, athletics or otherwise, sponsored by the Farmingdale Soccer Club, and release from responsibility the said corporation, its coaches, volunteers, employees, agents, officers and directors, for any injury, loss of life or the damages as a result of participation in any activity of the Farmingdale Soccer Club. Furthermore, I understand the Farmingdale Soccer Club does not provide medical staff at sponsored events and in the event an emergency occurs, medical services and/or transportation will only be provided through the community's emergency medical system.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NO REFUNDS

OFFICE USE - DO NOT WRITE BELOW

REG. FEE _____ CHECK # _____ ENTERED BY _____ DATE _____

OOD FEE _____ CHECK# _____ NOTES: _____

OUT OF DIST. # _____

REGISTERED BY _____ DATE _____