



# FC PHOENIX SOCCER CLUB



## Club Registration Form

Player's Last Name      First Name      Initial      Birthdate      M or F

Address      City, State, Zip

Home Phone      Cell Phone      School      Grade

New to FC Phoenix? Y N    # of years Rec \_\_\_ Classic \_\_\_ Premier \_\_\_ Most Recent Team/Coach \_\_\_\_\_

Father's Name      Employer      Work Phone      Cell Phone

Mother's Name      Employer      Work Phone      Cell Phone

Alternate Person to Contact    In case of emergency:      Phone

Primary Physician      Phone      Insurance Company      Group #      Phone

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer. In consideration of the USYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, all affiliated organization, sponsors, employees, and associated personnel (including owners of the fields and facilities utilized for the programs), against any claim made by or on behalf of the registrant as the result of the registrant's participation in these programs. Additionally, I authorize transportation of the registrant to or from the same. **Consent for Medial Treatment:** \_\_\_\_\_

As the parent or legal guardian of the above named player, I hereby give 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 preserver life, limb, or well-being of my dependent.

Parent/Legal Guardian (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Support:**  
We need your help! FC Phoenix is a volunteer-run organization that relies on the active involvement of everyone. We would greatly appreciate any help you are willing to give. Check at least one area you are willing to help with.

\_\_\_\_\_ Grants/Fundraising    \_\_\_\_\_ Referee    \_\_\_\_\_ Coach/Asst Coach    \_\_\_\_\_ Volunteer  
\_\_\_\_\_ Div Coordinator    \_\_\_\_\_ Team Parent    \_\_\_\_\_ Special Projects    \_\_\_\_\_ Committee Work

**Mail Completed Registration Forms to:**  
FC Phoenix Soccer Club,  
PO Box 219, Phoenix, OR 97535  
Contact: Kelli 324-7754

**Cost:**  
\$20 Kinder Soccer per season  
\$55 per recreational season or  
\$75 for both seasons  
\$150 for competitive

Spring       Kinder  
 Fall       Recreational  
 Both       Competitive

Birth Certificate Verified \_\_\_\_\_ Registration Fee: Check Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Initials \_\_\_\_\_

Cash Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_