

Floral Park Indians 2009-2010 Soccer Registration (Open to all children residing in the FPBS District)

Players Name _____ Gender: **Male** **Female**

Mother's name _____ Father's name _____

Address _____ Phone Number _____

Email address: _____ **Currently Playing Travel?**

School _____ Birth date _____

Height: _____ Weight: _____ Grade **Fall 2009** _____

Does child have any health conditions? **No** **Yes**

If yes, please explain: _____

Emergency Contact(s) and Phone number(s): _____

We need volunteers. If you're willing to volunteer please check below:

Coach Assistant Coach Administrative Duties Sponsor Team

Fees: (1) Child: \$100 (2) Children: \$190 (3) Children: \$270

Make check payable to **Floral Park Indians**

IT IS UNDERSTOOD BY PARENT OR LEGAL GUARDIAN THAT:

Having been informed of the organization of the Floral Park Indians, Inc., to provide supervised games for youth, I, the parent/guardian of the above named candidate, do hereby give my approval for his/her participation in any and all of the activities during the current season. I do assume all the risk and hazards incidental to the conduct of the activities, transportation to and from the activities, and I do further hereby release, absolve, indemnify, and hold harmless the Floral Park Indians, Inc., the organizers, sponsors, and the supervisors, any or all of them. I likewise release from responsibility any person transporting the above named child to and from the activities.

I do further state that all information concerning the above named child and that child's medical condition is true and accurate.

I am in a position to furnish upon request, by the Floral Park Indians, a certified copy of the birth certificate of the above named candidate.

CONSENT FOR MEDICAL TREATMENT (MINOR)

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

I HAVE READ AND UNDERSTOOD THE ABOVE.

X _____

Notes: _____
