

EXCEL SOCCER CLUB

Please return **TWO** copies of this form to:
PO Box 2519, Santa Cruz, CA 95063. Phone: 831-425-0405
www.excelsoccerclub.org

Coed teams only

No Transfers

No Under 16, 14, 12, 10 team will field more than 8 boys at one time. No Under 8 team will field more than 5 boys at one time. Teams may have to play short if not enough girls are available.

Player Name _____
Last First

Address _____
City Zip

School _____ Home Phone _____

Area/School where you prefer your child to practice:

| | |
|----------------------|-------|
| CLUB USE ONLY | |
| Age Group | _____ |
| Area | _____ |

| | |
|----------------------|--------|
| Birthdate | _____ |
| Male | Female |
| Seasons played rec. | _____ |
| Seasons played comp. | _____ |

| | |
|--|------------|
| IMPORTANT | |
| I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of FIFA and Excel Soccer. Recognizing the possibility of physical injury associated with soccer and in consideration Excel accepting the registrant for the soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Excel Soccer and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. | |
| Signature X _____ | Date _____ |
| Parent or Legal Guardian | |

| | |
|------------------------------|-------|
| I AM WILLING TO BE A: | |
| Coach | _____ |
| Assistant | _____ |
| Team Parent | _____ |
| Board Member | _____ |
| Sponsor | _____ |

EMERGENCY INFORMATION

Father's Name _____
Mother's Name _____
Person to call if parent cannot be reached
Name _____ Relationship _____
Name _____ Relationship _____

Home Number _____
Work Number _____
Home Number _____
Work Number _____
Phone _____
Phone _____

| | |
|---|--|
| Consent for Medical Treatment (Minor) | |
| As the parent or legal guardian of the above named player, I hereby give consent for the 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. | |
| Signature of Parent or Guardian X _____ | |
| Doctor/Dentist to Notify _____ | |

| | |
|----------------------|-------|
| CLUB USE ONLY | |
| Picture | _____ |
| Birthdate | _____ |
| Fee | _____ |
| Cash | _____ |
| Check # | _____ |

Fees: October 1 through October 31 – \$75 per player
 November 1 through November 30 – \$85 per player
 After December 1– \$100 per player