

EXCEL SOCCER CLUB

Please send two copies of this form to:
PO Box 2519, Santa Cruz, CA 95063. Phone: 831-425-0405
www.excelsooccerclub.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:

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

EMERGENCY INFORMATION

Father's Name _____

Mother's Name _____

Person to call if parent cannot be reached

Name _____ Relationship _____

Name _____ Relationship _____

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 _____

Fees: October 1 through October 31 – \$85 per player
November 1 through November 30 – \$95 per player
After December 1– \$110 per player

CLUB USE ONLY

Age Group _____

Area _____

Birthdate _____

Male Female

Seasons played rec. _____

Seasons played comp. _____

I AM WILLING TO BE A:

Coach _____

Assistant _____

Team Parent _____

Board Member _____

Sponsor _____

Home Number _____

Work Number _____

Email: _____

Home Number _____

Work Number _____

Email: _____

Phone _____

Phone _____

CLUB USE ONLY

Picture _____

Birthdate _____

Fee _____

Cash _____

Check # _____