

EXCEL SOCCER CLUB

Please return 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:

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 _____
email: _____

Home Number _____
Work Number _____

Mother's Name _____
email: _____

Home Number _____
Work Number _____

Person to call if parent cannot be reached

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

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 15 - November 31 : \$105 per player
Registrations received after December 1 : \$120 per player