

PD?: \_\_\_\_\_

**Flower City Soccer League  
2011 Futsal Season Registration**

Center: \_\_\_\_\_  
Coach: \_\_\_\_\_

Team: \_\_\_\_\_  
Assistant: \_\_\_\_\_

**Registration Fee per Season: \$15 per player, \$5 for each additional sibling**

**For the 2011- 2012 FC SL Futsal Season Only**

**U10 must not turn 11 before April 1, 2012; U12 must not turn 13 before April 1, 2012; U14 must not turn 15 before April 1, 2012; and High School players must still be in school.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_, Rochester, NY ZIP: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

(Optional) B Strictly Confidential for Statistical Purposes Only

Ethnicity Data \_\_\_ American Indian \_\_\_ Asian \_\_\_ Black/African American \_\_\_ White \_\_\_ Hispanic/Latino \_\_\_ Other

Parent/Guardian: \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

**PROOF OF AGE MUST ACCOMPANY THIS REGISTRATION**

**ATTACH A COPY B NO ORIGINALS PLEASE**

**\_\_\_ Birth Certificate \_\_\_ Benefit Card \_\_\_ Passport \_\_\_ Resident Card \_\_\_ Other \_\_\_ Previously Provided**

**Indoor Session, (weekday nights) begin the week before Thanksgiving through March.**

**PARENTAL SIGNATURE REQUIRED - PLEASE READ AND SIGN**

I, the undersigned parent/guardian, agree to let the child named above participate in the activities of the Flower City Soccer League during the current soccer season. I realize there is a risk of physical injury associated with soccer and I agree that the organizers shall in no way be held liable for any injury received at or arising from any game or practice or any other FC SL activity or event. I also understand that in order to minimize the risk of injury in the soccer league, FC SL strongly recommends that every player use footwear specifically designed for the playing surfaces at hand.

I understand that soccer is a contact sport involving considerable running and endurance. I further understand that it is my responsibility through consultation with our family doctor to assure that the above named child is fit to participate in this program.

**I HEREBY GIVE MY PERMISSION TO THE FC SL TO:**

1. Secure emergency medical services of a licensed physician in the event the above named child is injured and I am not present. I expect to be informed as soon as possible.
2. Use any pictures of the above named child for any brochure or poster, news article or media coverage that will help promote the Flower City Soccer League.
3. Obtain school grade reports, in order to monitor and assist FC SL players= academic progress.

PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

*(Registration incomplete without a parent/guardian signature.)*

*Registration Fee Due with this Registration Form*