



2009/2010 Winter Soccer School Registration Form

PLAYER INFORMATION		COACH _____	AGE BRACKET _____
<u>FIRST NAME</u>	<u>M.I.</u>	<u>LAST NAME</u>	<u>PLAYER EMAIL</u>
<u>STREET ADDRESS</u>			
<u>CITY</u>	<u>ST</u>	<u>ZIP CODE</u>	<u>HOME PHONE NUMBER</u>
<u>PLAYER BIRTH DATE</u>	<u>SEX</u>	<u>SCHOOL ATTENDING</u>	<u>MOTHER'S BIRTHDAY (month/day)</u> (for registration purposes only)
PARENT INFORMATION			
<u>FATHER FIRST NAME</u>	<u>FATHER LAST NAME</u>		<u>MOTHER FIRST NAME</u> <u>MOTHER LAST NAME</u>
<u>FATHER CELL #</u>	<u>FATHER WORK #</u>		<u>MOTHER CELL #</u> <u>MOTHER WORK #</u>
<u>FATHER EMAIL</u>			<u>MOTHER EMAIL</u>
EMERGENCY INFORMATION:			
<u>ALTERNATE CONTACT</u>		<u>HOME PHONE</u>	<u>ALT PHONE NO.</u>
<u>DOCTOR</u>		<u>BUSINESS PHONE</u>	<u>INSURANCE CARRIER and I.D. #</u>
<u>ALLERGIES, KNOWN CONDITIONS, MEDICAL PROBLEMS:</u>			
<p>Parent and Player Commitment, Consent and Release:</p> <p>I hereby give my consent for my child to participate in the Fort Wayne Sport Club (FWSC) Soccer programs. All personnel including the FWSC Youth Soccer Board, coaches, managers, referees, volunteers, other club associations and leagues associated with these programs shall not be held liable for any injury whatsoever my child may sustain in any soccer related activities. I agree to abide by the FWSC policies, procedures and Code of Conduct. I hereby give my consent, in the case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic to provide the player with assistance or treatment.</p> <p>I am registering for the following clinic(s).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Winter 1 1v1 Clinic _____</p> <p>Winter 2 1v1 Clinic _____</p> <p>Winter 1 Striker Clinic _____</p> <p>Winter 2 Striker Clinic _____</p> <p>Winter 1 Goalkeeper Clinic _____</p> <p>Winter 2 Goalkeeper Clinic _____</p> </div> <div style="width: 45%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p align="right">Date _____</p>			
Parent Signature (necessary if under 18)		Player Signature	
1v1 Clinic	\$80		
Striker Clinic	\$80		
Goalkeeper Clinic	\$120		
Total Due	\$ _____	Cash: _____	Check #: _____



Fort Wayne Sport Club
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