

SOSA FC 2015 Registration Form

Please indicate which program you are registering for:

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Summer Camp: June 8-12 | <input type="checkbox"/> Morning Camp | <input type="checkbox"/> Evening Camp |
| <input type="checkbox"/> Summer Camp :June 22-26 | <input type="checkbox"/> Morning Camp | <input type="checkbox"/> Evening Camp |
| <input type="checkbox"/> Challenge/Classic Tryouts | | |
| <input type="checkbox"/> Recreation League | | |

Please Circle Shirt Size For Recreation League:

YXS YS YM AS AM AL

Player's Name: _____ Sex: _____ Date of Birth: : _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email(s): _____

Numbers of years played: _____ Positions Played: _____

Emergency Information:

Emergency Contact Name: _____

Home Phone: _____ Mobile Number: _____

Insurance Provider: _____ Policy Number: _____

Insurance Policy Holder: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

I authorize & give my permission for my child to participate in the SOSA FC program. I understand that I assume all responsibilities for any accident or injury incurred by or on behalf of my child during the program, & I will hold SOSA FC harmless from any expense with regard to accident or injury.

In addition, I authorize the emergency care & transportation of my child to a medical treatment facility if it is considered necessary.

Parent Signature: _____ Date: _____