

# SOSA FC 2015 Registration Form

Please indicate which program you are registering for:

- Summer Camp: June 8-12       Morning Camp       Evening Camp  
 Summer Camp :June 22-26       Morning Camp       Evening Camp  
 Challenge/Classic Tryouts  
 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: \_\_\_\_\_