

## Sierra Mountain Soccer Club Evaluation Registration Form

**This evaluation is only to determine eligibility for sports participation. It should not be used as a substitute for regular health maintenance examinations.** This form must be completed in full and signed by the player's parent/guardian before the player takes the field.

Personal Information:

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male/Female

School attending in the fall: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Please circle preferred level of participation.      Competitive Team      Development Team

Mother's Name: \_\_\_\_\_ Cell number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Allergies/Medical Condition: \_\_\_\_\_

Current or Regular Medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

**\*In case of emergency, when parents cannot be reached, please contact:**

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

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**PARENT AUTHORIZATION FOR CONSENT TO TREAT A MINOR**

Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Sierra Mountain Soccer Club and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participating in the tryouts and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the tryouts. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance or treatment.

This authorization will remain in effect until July 1, 2011.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

As a parent, I am willing to help with: AR/Referee    Team Manager    Tournaments    Fundraising    Board Position

Other: Please specify \_\_\_\_\_

If selected to a team for the Sierra Mountain Soccer Club for the 2010-11 soccer year:

\_\_\_\_\_ we will need to request a scholarship for our player

\_\_\_\_\_ we will need to request a payment plan for our player