

PLEASE
ATTACH
2 SMALL
PHOTOS
HERE

New
players:
Please
attach copy
of birth
certificate
or passport
to this
registration
form

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: _____

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 #: _____

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, 2010.

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 2009-10 soccer year:

_____ we will need to request a scholarship for our player

_____ we will need to request a payment plan for our player