

SOCCER REGISTRATION FORM

Club/Team Name: _____ Season/Year: _____

Player Information:

Full Name: _____

Date of Birth (MM/DD/YYYY): _____ Age Group: _____

Gender: _____ Jersey Number (if known): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Parent/Guardian Information (if player under 18):

Full Name: _____

Relationship to Player: _____

Phone Number: _____ Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship to Player: _____

Phone Number: _____

Medical Information:

Allergies or Medical Conditions (if none, write 'None'): _____

Primary Care Physician Name: _____

Physician Phone Number: _____

Soccer Experience and Skill Level:

Years of Playing Experience: _____ Positions Played: _____

Previous Teams/Clubs (if any): _____

Code of Conduct Agreement:

I agree to abide by the rules and regulations of the Club and league and conduct myself in a respectful and sportsmanlike manner at all times. I understand that failure to comply may result in suspension or removal from the team. I acknowledge that participation in soccer involves risk of injury, and I accept these risks voluntarily.

Media Release Permission:

I grant permission for photographs and video recordings of the player during practices, games, and events to be used by the Club for promotional and informational purposes in print, online, and social media.

Liability Waiver and Release:

I hereby release and hold harmless the Club, its officers, coaches, volunteers, and sponsors from any and all liability, claims, demands, or causes of action that may arise from participation in soccer activities, including injuries or damages sustained before, during, or after events.

Acknowledgment and Signature:

Player Signature: _____ Date: _____

Parent/Guardian Signature (if player under 18): _____ Date: _____

PLAYER SIGNATURE

PARENT/GUARDIAN SIGNATURE

Signature: _____

Signature: _____

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