



Fairmount Soccer Association Fall Registration 2008

P.O. Box 42844, Philadelphia, PA 19101 Phone: (215) 735-1120 Web: <http://www.fairmountsoccer.org>

Use this form only if you cannot register online at www.fairmountsoccer.org

PLAYER Information – PLEASE PRINT CLEARLY

Last Name:	Grade in School this year
First Name:	Date of Birth:
Street Address:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
City/State/Zip:	Home Phone:
Parent Email Address:	Alternative Phone:

Intramural consider for **Travel**, but will play Intramural if not accepted **Travel only**

Intramural players should enclose **\$100**. Travel players should enclose **\$115**. If you are not currently on a Travel team, but plan to try out, please send the lower Intramural fee. Send completed form and a check or money order made payable to: **Fairmount Soccer Association** to the address above. **Children who register after August 1, 2008 will not be guaranteed a roster spot. A late fee of \$15 will be charged for Registrations mailed after August 15.**

Registration alone does not make a child eligible. Enrollment must be confirmed by the Association prior to participation of the child in team activities. If the child is judged ineligible, the registration fee will be returned. Fairmount Soccer Association reserves the right to release a player at any time for disciplinary or safety reasons. **Once an Intramural player has been assigned to a team (after labor day), no refunds will be available.**

I/we the parents/guardians of the above name child give permission for participation in any and all Fairmount Soccer Association programs and activities. I/we assume the risks and hazards incidental to such participation including transportation to and from the activities, and do hereby waive and absolve the Fairmount Soccer Association and their officers, directors, teams, coaches, all other officials, sponsors, and supporters from any claims arising out of any injury to my/our child except to the extent, and in the amount, covered by available accident insurance. I/we agree to return upon request any equipment or other items issued.

Further, to ensure safety of the player and others, and provide for full participation, **I/we certify:**

Player's health, sight, hearing, ability to learn, and behavior in groups **require no special precautions or accommodation.** (Fairmount Soccer Association may require medical clearance for the player, and a discussion with you regarding the player's need for accommodation or exclusion if it becomes necessary.)

or

Player's **may need accommodation or special precaution** to ensure safety and participation. (Describe the situation fully on an attached sheet.)

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date of Signature:** _____

I am interested in being a head coach assistant coach Contact me about a Coaches Training Class

I have enclosed a \$45 Fair Share Contribution Contact me about Volunteering for -----