



Last Name _____

First Name _____

Address _____

City _____

Zip Code _____ Phone _____

Birthday _____ Male _____ Female _____

Micro Soccer

******If you sign up for both fall and spring total cost is \$100******

<i>FEE</i>	Fall	Spring	T-Shirts (Please Circle Size)	Micro Soccer Schedule:
U3, U4, & U5	\$70.00	\$70.00	Youth	Fall Starts September 17 - Ends October 29 Every Thursday 6:00-7:15pm
Recreation Fee Covers:			S (4-6) M (8-10) L (12-14)	Spring Starts April 8 - Ends May 20 Every Thursday 5:30-6:45pm
<ul style="list-style-type: none"> ● T-shirt ● Field Development and Maintenance ● Administration Salaries and Fees ● Coaching Fees 				

PARENT/GUARDIAN INFORMATION

Father's Name _____

Email _____

Employer _____

Position _____

Business # _____

Cell # _____

Address if different from Player _____

Does your employer match donations to non-profit organizations? YES _____ NO _____

Mother's Name _____

Email _____

Employer _____

Position _____

Business # _____

Cell # _____

Address if different from Player _____

Does your employer match donations to non-profit organizations? YES _____ NO _____

Other person to notify in an emergency _____ Phone _____

I hereby give approval for the participation of my child in any and all Red Star Soccer Club and affiliated associations or league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the Red Star Soccer Club and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. I understand that a player who registers with an affiliated league is bound to that league for the entire seasonal year, unless a transfer is requested for extenuating circumstances.

Parent Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT

I hereby give my consent, as the parent or legal guardian of the above named player, for emergency medical care by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent Signature _____ Date _____