

FSC CLUB TEAM PLAYER FORM

This information is used only by the Franciscan Soccer Club.

TODAYS'S DATE: _____ FSC ACADEMY Attending: _____

PLAYER NAME: _____ GENDER: _____

DATE OF BIRTH: _____

PARENTS NAMES: _____

ADDRESS 1: _____

ADDRESS 2: _____

EMAIL MOM: _____ Ph Cell: _____

EMAIL DAD: _____ Ph Cell: _____

PLAYER HISTORY INFORMATION

Have you ever played on a competitive Club team? _____ Name of team: _____

Positions played: _____ Positions desire to play: _____

Would you like to attend Goal-Keeping training from our Club GK Trainer? _____

LIABILITY WAIVER: By signing this form, I attest that my child is in good health and able to participate in the above program. I also understand that playing sports holds a degree of risk for injury to my child and agree not to hold the FSC or any of its hosting agents responsible should my child get injured from participation in the above FSC sports program.

Name Print: _____

Signature: _____ Date Signed: _____