

Franciscan Soccer Club

PROGRAM REGISTRATION FORM

This information is used only by the Franciscan Soccer Club.

TODAYS'S DATE:

PROGRAM:
(Open Play, Soccer Camp, Kickstarters, ADTL, GK-Instruction, Coaching Clinic, Club Team)

LOCATION: DATE:

PLAYER NAME: GENDER:

DATE OF BIRTH: CURRENT GRADE:

PARENTS NAMES:

ADDRESS 1

ADDRESS 2

EMAIL MOM Ph Cell

EMAIL DAD Ph Cell

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:

CH #: Date: Amount: