

2010 Aurora Arsenal Soccer House League Player Registration Form

Player Name: _____

Street Address: _____

Mailing Address: _____

State: _____ Zip: _____ Telephone: _____ Male: _____ Female _____

Birth date: ____/____/____ Primary email address _____

Registering for **(age on 8/1/10)**:

Junior Divisions (\$45 prior to 2/13, \$65 after 2/13): 5-6 yr olds ____ 7-8 yr olds ____

Senior Divisions (\$50 prior to 2/13, \$70 after 2/13): 9-10 yr olds ____ 11-12 yr olds ____

13-15 yr olds ____ 16-18 yr olds ____

Will your child be playing in the Aurora Baseball/Softball league? Yes or No (please circle)

If yes, what weeknights will they play on (circle all that apply)? M T W Th F

Other conflicts?: M T W Th F

Fathers Name: _____ Day phone: _____

I will volunteer to (please circle): Head Coach Asst. Coach Field Prep Other

Mothers Name: _____ Day phone: _____

I will volunteer to (please circle): Head Coach Asst. Coach Field Prep Other

Those volunteering to for Head or Asst. Coach, please indicate the days you are available or plan to practice.

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

List any medical problems or restrictions the player has:

Person to notify in an emergency: _____ phone: _____

Doctor to notify in an emergency: _____ phone: _____

I, the parent/guardian of the above-named player (the 'Player'), a minor, agree that I and the Player will abide by the rules of the Aurora Arsenal Soccer Club, Inc. (the "Aurora Arsenal"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Aurora Arsenal accepting the Player for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the Aurora Arsenal, its affiliated organizations and sponsors, their employees and associated personnel, including but not limited to the owners, lessors, lessees, of fields and facilities utilized for the Programs, against any claim by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. By signing below, I consent to my child's picture and/or image, being used in the Club's newsletters, brochures, videotapes, or web pages.

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

Parent/Guardian Name (print): _____ Signature: _____ Date: _____

Club use only: Payment Received: \$ _____ Date: ____/____/2010 Cash: _____ or Check # _____ Note: _____