

2009/2010 INDIVIDUAL REGISTRATION FORM

Name: _____ Sex: M F Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Parent's Name (if under 18): _____

Emergency Contact: _____ Phone: _____

Health Insurance: _____ Policy #: _____

Division (circle one): Open Rec Rec +30 Rec +40 E-Mail: _____

Instructional (circle one): Little Strikers SSC Academy Lacrosse Baseball Golf SSAC

League (circle one) U8 U10 U12 U14 U16 High School Men Women Co-Ed

Session Registering For: 1 2 3 Interested in Coaching: Yes No

Has anyone in your household played at Shoreline Soccer Club before? Yes No

Special Requests: _____

Payment: Check Visa Mastercard Cash Amount Paid: _____

Please Make Checks Payable to: Shoreline Soccer Club

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Waiver/Exclusion Clause - I, the undersigned parent/guardian/participant of age, in enrolling at Shoreline Soccer Club, understand that in attending any Shoreline program and using the facilities does so at participant's own risk. Shoreline Soccer Club, its owner, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and family on the premises. Participants, parents and guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and does hereby fully and forever release, discharge and hold harmless Shoreline Soccer Club, and all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, participant agrees to follow the rules of play and conduct set by Shoreline Soccer Club. Participant, parent and guardian understand that failure to do so may result in suspension from participation.

Consent - I, the undersigned parent of/guardian of/legal age participant _____ do hereby grant authority to the staff of Shoreline Soccer Club to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signed: _____ **Date:** _____