

Genesis Youth Soccer Association Spring 2012

Players Name _____ Male _____ Female
Last First

Birth Date: (Month / Day / Year) _____ Previous soccer experience _____ Yes _____ No

Fathers Name _____
Last First

Mothers Name _____
Last First

Address: _____
House Number & Street APT. City State Zip Code

Telephone: (_____) _____ - _____

Registration \$35.00 per player. Includes Shirt, Shorts, & Socks Payment required at registration

Shirt Size S M L XL

Short Size S M L XL

I, the parent/guardian of the above-named player, acknowledge that soccer is a physically-demanding activity which can result in injury. In consideration of the player's participation in activities sponsored by the Genesis Youth Soccer Association, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Genesis Church, its officers, directors, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the activities sponsored by the Genesis Youth Soccer Association.

I have read the enclosed Rules and Responsibilities for Players, Parents and Coaches and agree to abide by them as a condition for registering my child.

Parent's Signature

Date

Witness Signature

Date

