

SOCCER ROUTES, INC.

PARTICIPANT REGISTRATION FORM

Instructions for filling out this form: Print out a copy of this form. Fill it out completely and make sure it is signed by appropriate Parent(s)/Guardian(s). Hand completed form to the nearest Coach.

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTH DATE _____ MALE _____ FEMALE _____

M M D D Y Y

EXACT AGE OF CHILD _____

ALLERGIES _____

PARENT(S) / GUARDIAN(S) NAME(S) _____

PLEASE PRINT

E-MAIL ADDRESS(ES) _____

HOME PHONE _____ WORK OR CELL PHONE _____

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU (HEARD OF OR) APPLIED **MOMMY MARKETING** FOR MONEY OFF OF YOUR BILL, AND TO RECEIVE A CHECK FROM US? _____

HAVE YOU LOOKED INTO ANALYTICAL STAT COACHING? (SERIOUS PLAYERS – IF YOUR CHILD WANTS TO PLAY HIGH SCHOOL/COLLEGE) _____

RELEASE STATEMENT

NOTE: This statement MUST be signed by Parent/Guardian for Player.

I, the parent/guardian of registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of **SOCCER ROUTES** (INC.), and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for **SOCCER ROUTES** (INC.) accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify **SOCCER ROUTES** (INC.), its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize

PARENT/GUARDIAN OR ADULT SIGNATURE _____ DATE
M M D D Y Y