

FRANKLIN COUNTY SOCCER ASSOCIATION
Youth Program, Fall 2009 Season

DEADLINE: Forms are requested to be returned by **June 15**. Tryouts to be announced.

\$10 late fee day of tryouts and after

For Information go to www.franklincountysoccer.org or email the registrar at pemery@comcast.net.

Mail completed forms with fees to: Paula Emery, 387 Crimson Drive, Winchester, TN 37398



Registration Fees

Ages 4 – 5 \$30 (Birthdays between July 31, 2005 and August 1, 2003)

Ages 6 and up \$ 50 (Born before August 1, 2003)

\$5 off registration for multiple children after 1st registration/ \$95 max for family

Make Checks payable to **FCSA**

Player Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Alternate Phone (Cell or Work) _____

Birthdate ____/____/____ Sex: Male / Female

Size: Adult S M L XL Youth S M L XL

Mother/Guardian Name _____

Father/Guardian Name _____

Email Address _____

We need your help! A new soccer complex is under development in the Winchester City Park near the David R. Bean Swimplex. Please mark any volunteer positions where you can help!.

_____ Coach/Assistant Coach _____ Soccer Complex Development/Fundraising _____ Volunteer

Other/Comments _____

I certify that the above information is correct and will provide proof of age if asked to do so by FCSA. Additionally, as a parent or legal guardian of the player named on this form, I hereby give my consent for emergency medical and/or dental care in the event of an injury associated with a soccer game or practice. I will accept responsibility for all payment of these services. This care may be given under whatever conditions are necessary in an attempt to reserve the life, limb or well being of my dependent. I, the parent or guardian of the registrant, a minor, agree that the registrant and I will abide by all the rules of the FCSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and inconsideration for the "League" accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the FCSA, its affiliated organizations and sponsors, their employees and associated personnel and volunteers including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

Parent/Guardian

Signature _____ Date _____

Refund Policy: Full Refund until Aug. 1, 2009. Fees will be refunded minus \$10.00/player between Aug. 2 and August 31, 2009. No refund after Sept. 1, 2009.