

# ALBERTSON SOCCER CLUB – TRAVEL DIVISION

## "Growth Through Good Sportsmanship"

### Uniform & Warmup Fee

adidas United (Premier) - \$310.00  
 adidas Squadra II (Club) - \$250.00  
 Each package includes a duffel bag.  
 Backpack is \$10.00 additional.

Uniform Size: \_\_\_\_\_ Warmup Size: \_\_\_\_\_

Uniform Number: \_\_\_\_\_ Check # \_\_\_\_\_

### Annual Registration Fee

**(Fees are non-refundable)**

\$200.00 - First player  
 \$150.00 - Second player  
 \$50.00 – Each additional player

Registration Fee: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Team Name: \_\_\_\_\_ Team # \_\_\_\_\_

### *Personal Information*

Name (Last, First):		Birth Date:		Male:___ Female:___	
Address:		Town:	Zip:	Pass #	
Father's Name:		Mother's Name:			
Father's E-Mail:		Mother's E-Mail:			
Home Phone:		Player's E-Mail:			
Father's Cellular:		Mother's Cellular:			
Father's Work Phone:		Mother's Work Phone:			
School District:		School Name:		Grade in Sept 2007:	
Person to notify in emergency:				Phone:	

### *General & Medical Release*

I, the parent of the registrant, a minor, agree that the registrant and I will abide by the rules of the Albertson Soccer Club (Club). In consideration of the Club accepting the registrant for its soccer program and associated activities, I hereby release, discharge and/or otherwise indemnify the Club, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used for Club activities, against any claim by or on behalf of the registrant as a result of the registrant's participation in Club games, activities, and/or being transported to or from the same, which transportation I hereby authorize.

In the event of an accident, injury, sickness, etc. to the child named above, I hereby give my permission for any and all medical attention necessary to be administered to my child under the direction of all persons listed below or any duly licensed Doctor of Medicine until such time this permission is revoked in writing from the date hereof. I hereby assume responsibility for payment for any such treatment.

My child has the following unusual physical conditions or allergies: \_\_\_\_\_

Authorized Person (To be completed by Club): \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this registration form, we attest to the fact that we have read the overview of club policies and agree to abide by it.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed to and Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 2007 \_\_\_\_\_

Notary Public