



SOCCER REGISTRATION

Participant's Name _____ Male/Female
 Address _____ City _____ Zip _____
 Date of Birth _____ Age(3 or 4) _____
 Parent/Guardian Name(s) _____
 Home/Cell Phone _____ Work Phone _____ Email _____
 Emergency Contact (If different than above) _____

EXPERIENCE LEVEL(Please circle your child's experience in the sport): No experience, Average, Advanced

SHIRT SIZE Please select one youth size: Small _____ Medium _____ Large _____ X-Large _____

- T-Shirts are optional

VOLUNTEER INFORMATION

We need your help! Volunteers are what make a difference in these programs. If you would be willing to help assist in coaching, please fill out the below section.

Volunteer Name _____ **Phone Number** _____

I support the philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

WAIVER & RELEASE OF LIABILITY

I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize Fitness Lifestyle to obtain medical treatment for my child in the event that the parent(s), or guardian(s), or contacts cannot be reached.

PICTURE RELEASE: I DO/I DO NOT (circle one) give permission to have our picture appear in any media type coverage approved by Fitness Lifestyles.

Signature of Guardian

Date