



## TFC YOUTH SOCCER COMPETITION

<b>TEAM NAME:</b>		<b>DIVISION:</b>
<b>PLAYERS NAME:</b>		<b>Date of Birthday:</b> ____/____/_____
<b>ADDRESS:</b>		<b>CITY:</b>
<b>EMAIL:</b>		<b>ZIP CODE:</b>
<b>PHONE:</b>	<b>INSURANCE:</b>	<b>PASS ID#</b>

I, The parent/guardian of the registrant, a minor, agree to registrant and will abide by the rules of TFC. Afliliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration TFC, accepting the registrant for its soccer program and activities. I hereby release, discharge and/or otherwise indemnify t he TFC, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the program, against any claim by or on the registrant's participation in the program and/or being transported to or from the same , witch transportation I hereby authorized.

As the Parent/Guardian of the registrant, a minor. I hereby give my consent for emergency medical care prescribed by a duty licensed doctor of Medicine or a Doctor Dentistry This care may be given whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

In order to be accepted in this competition you and child must show respect and good behavior to any person that involved in this competition such us, coaches, players, referees, sponsors and the competition's directors, etc. If the TFC decides that your conduct is not appropriated, you and your child may be suspended from participating in the TFC toumaments and future events.

I, The Parent/Guardian of the registrant understand that by successfully completing this form and the information containing is true and correct and have not misrepresented or otherwise false information.

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**Parent/Guardian Signature**

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**DATE**