

PLATTEVILLE POWER SOCCER CLUB

Registration Form, Please Print Clearly!

Today's Date: ___ / ___ / ___

Player Information (only one child per form please)

Name: _____

Date of Birth: ___ / ___ / ___ Current Age: _____ Fall 2009 Grade: _____

Player's Email Address: _____ Cell Phone #: _____

Parent's Name: _____ Email: _____ Cell Phone #: _____

Parent's Name: _____ Email: _____ Cell Phone #: _____

Medical Insurance Information

Name of Insurance Company: _____

Phone # of Insurance Company: _____

Subscriber's Name: _____

Subscriber's #: _____ Group #: _____

Scheduling

Will you be participating in any school sports or activities that your coach and team coordinator need to be aware of in advance?

Yes / No Sport: _____ Yes / No Activity: _____

Are there any other events or dates that may cause conflicts?

Yes / No Event: _____ Date: _____

For College Students Only, availability date for participation: _____

I release the PPSC from any liability to the player mentioned above, due to an injury while competing in tryouts or practices for the upcoming season.

<u>Season</u>	<u>Date</u>	<u>Parent/Legal Guardian</u> <u>Signature</u>	<u>Payment Information</u> <u>Dues</u>	<u>Date</u>	<u>Ck#</u>	<u>Amount paid</u>
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2009/10 _____

Parents & families: please consider volunteering for your player's team or for the Club!