Floral Park Indians 2011-2012 Soccer Registration
(Open to all children residing in the FPBS District)

Gender: **Male** ☐ **Female** ☐

Players Name: ___________________________

Mother's name: _____________________ Father's name: ________________________

Address: ___________________________ Phone Number: ________________________

Email address: _______________________________ **Currently Playing Travel?** ☐

School: ____________________________ Grade **Fall 2011:** ______________________
(Father's filling out this form; it means THIS years grade PLUS ONE)

Height: _______ Weight: ______ Birth date: ____________________________

Does child have any health conditions? **No** ☐ **Yes** ☐

If yes, please explain: ____

Emergency Contact(s) and Phone number(s):_______________________________________

____

We need volunteers. If you're willing to volunteer please check below:

Coach ☐ Assistant Coach ☐ Administrative Duties ☐ Sponsor Team ☐

Fees: (1) Child: $120 (2) Children: $215 (3 or more) Children: $310

Make check payable to **Floral Park Indians**

IT IS UNDERSTOOD BY PARENT OR LEGAL GUARDIAN THAT:
Having been informed of the organization of the Floral Park Indians, Inc., to provide supervised games for youth, I, the parent/guardian of the above named candidate, do hereby give my approval for his/her participation in any and all of the activities during the current season. I do assume all the risk and hazards incidental to the conduct of the activities, transportation to and from the activities, and I do further hereby release, absolve, indemnify, and hold harmless the Floral Park Indians, Inc., the organizers, sponsors, and the supervisors, any or all of them. I likewise release from responsibility any person transporting the above named child to and from the activities.

I do further state that all information concerning the above named child and that child's medical condition is true and accurate.

I am in a position to furnish upon request, by the Floral Park Indians, a certified copy of the birth certificate of the above named candidate.

CONSENT FOR MEDICAL TREATMENT (MINOR)
As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I HAVE READ AND UNDERSTOOD THE ABOVE X_____________________________________

Notes: ____

Amount:________

Date:___________

Init:____________