

GIRLS' DEVELOPMENTAL SOCCER LEAGUE

PLAYER REGISTRATION

Surname _____ First Name _____

Date of Birth (date/month/year) _____ Age _____

School _____ Grade _____

Street Address _____ P.O. Box _____

Parent's Email Address _____

Child's Email Address _____

Home Telephone _____ Bus Phone _____ Cell Phone _____

Mother's Name _____ Telephone _____

Father's Name _____ Telephone _____

Emergency Contact Person _____ Telephone _____
(If we can't contact parents)

Family Doctor's Name _____ Telephone _____

Does your child suffer from any medical condition that could affect her health and welfare and/or participation in the above stated program?

If yes, state
condition _____

Waiver

In signing the registration form, the parent/guardian signatory assumes full responsibility for the above named child's participation in the Girl's soccer League and activities and hereby indemnifies the coaches and volunteers of the soccer league from any and all liability, damages, costs, proceedings, actions, charges in the event of accident and/or injury and the like of any kind or demise, however caused. The signatory, in the event that medical attention is required, hereby agrees to permit staff of the Girls' Developmental League to perform basic first aid and/or allow any competent medical authority to render attention to ensure safety, care and welfare of the person in need. The signatory accepts full financial responsibility for any and all medical attention received.

Parent/Guardian's Signature _____

Date _____

Please note that in the event of an accident, the child may be taken to the hospital to ensure that immediate safety, care and welfare.

The League starts on 26th September from 2 - 4pm at Freeport Rugby Club. The registration fee is \$20. Please submit money and registration form to Town and Country on Yellow Pine Street. Any questions email marywoodside@yahoo.com or call 352-3641 or 373-8705 (evenings)