



**Fox Chase Soccer Club  
Participant Registration Form  
Indoor Intramural Soccer Program 2009- 2010**

**Participant Information:**

**Indoor Home League**       **Indoor Futures Program**  (4 year old program, must be 4 by 12/09)  
 Majors 8/1/99 – 7/31/02      Futures 1/01/05 – 12/31/05  
 Minors 8/1/02 – 12/31/04

**Is your child playing in the Home League at Fox Chase now?**  Yes  No

**If yes, who is now coaching your child's team at Fox Chase?** \_\_\_\_\_

*Space is limited and priority will be given to players currently registered and playing at Fox Chase. No travel players are allowed to play in FCSC home leagues.*

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone # ( \_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Would you be willing to become active in Fox Chase Soccer Club?  Yes  No

How?  Coach/Assistant  Administrator  Other

**Release Statement**

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that the registrant and I will abide by the rules of the EPYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and /or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian or Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Received:  Cash  Check # \_\_\_\_\_ Amount Received \_\_\_\_\_