

# Fox Chase Soccer Club

PO Box 24658, Philadelphia, PA 19111

Information hotline: 215-722-7065 / [www.foxchasesoccer.org](http://www.foxchasesoccer.org)

## Participant Registration Form

2011- 2012 Season

### Travel Leagues

- U19 8/1/92 – 7/31/93
- U18 8/1/93 – 7/31/94
- U17 8/1/94 – 7/31/95
- U16 8/1/95 – 7/31/96
- U15 8/1/96 – 7/31/97

### Travel Leagues

- U14 8/1/97 – 7/31/98
- U13 8/1/98 – 7/31/99
- U12 8/1/99 – 7/31/00
- U11 8/1/00 – 7/31/01
- U10 8/1/01 – 7/31/02
- U9 8/1/02 – 7/31/03

### Home Leagues

- Majors 8/1/01 – 7/31/04 (7-10 yr olds)
- Minors 8/1/04 – 12/31/06 (5-6 yr olds)
- Futures 1/01/07 – 12/31/07 (4yr olds)

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

Travel

Home League *(No travel players)*

Male

Female

New

Returning

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  Field Maintenance  Administrator  Concession  Other

### Release Statement

**Note:** This statement must be signed by a parent/guardian for any minor player or by an adult player or participant themselves.

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 and/or US Club Soccer, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Fox Chase Soccer Club accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA and/or US Club Soccer, their 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 \_\_\_\_\_ Received by \_\_\_\_\_

Travel Tryout Information (See 2011 Age Groups & Try-Out Information) \_\_\_\_\_