

Fox Chase Soccer Club

PO Box 24658, Philadelphia, PA 19111

Information hotline: 215-722-7065

www.foxchasesoccer.org

Participant Registration Form

Participant Information:

Club use only:

Player ID #

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 Field Maintenance Administrator 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 _____