



# Prospect Soccer Recreational Registration Form



Please make checks payable to and remit to:  
Prospect Soccer  
50 Waterbury Rd. Box 333 (The UPS Store)  
Prospect, CT. 06712

## Players Information

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

Players Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_

# of Seasons Played \_\_\_\_\_ Last League \_\_\_\_\_ Last Coach \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone # \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

If Legal Guardian, please check box

## Parents or Legal Guardian Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Fathers Phone # \_\_\_\_\_ Mothers Phone # \_\_\_\_\_  
(Please state cell, home, work, etc.) (Please state cell, home, work, etc.)

Our program is run entirely by volunteers. Please circle from the list below where you'd be willing to help:

Coach Asst. Coach Team Manager Team Parent Summer Camp  
Fund Raising Snack Shack Equipment Data Entry

Other (Please Specify): \_\_\_\_\_

## Remarks

(This section is for special requests or general comments)

## Emergency Contact Information

Person to notify in an emergency \_\_\_\_\_ Person's Phone # \_\_\_\_\_

Doctor to notify in an emergency \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Please list any medical issues and/or disabilities we should be aware of \_\_\_\_\_

## Waiver and Medical Consent (Minor). Please read and sign

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Prospect Soccer and its affiliated organizations and sponsors. I hereby release, discharge and/or otherwise indemnify Prospect Soccer, its affiliated organizations and sponsors and associated personnel, including the owners of the fields and facilities used for its programs, against any claims 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.

**CONSENT FOR MEDICAL TREATMENT** As the parent or legal Guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a 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.

Print Name of Parent or League Guardian \_\_\_\_\_

Today's Date

Signature of Parent or League Guardian \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Paid:

Check Number:

Cash:

Received by:

Date: