

# Skyline Soccer Association

2370 South Colorado Blvd, Denver, Colorado 80222

303.691.5662 (phone) 303.3.691.5675 (fax)

www.skylinesoccer.org

## Fall/Spring 2009/10 Competitive Registration Form

U11 - U14: \$550/year

U15 - U18: \$275/season

Online registration available at [www.skylinesoccer.org](http://www.skylinesoccer.org)

Complete the online registration (preferred) or return this form to our office with payment  
no later than June 30th, 2009. Add the \$25 late fee after 06/30/09.

**First Time Applicants Must Provide A Copy of the Player Birth Certificate**

Team Preference \_\_\_\_\_

### PLAYER INFORMATION

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

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

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Dad's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mom's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_ Male or Female

### EMERGENCY CONTACT INFO

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Special Medical Needs(if any) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Someone other than yourself)

### REGISTRATION PAYMENT INFO

Amount Enclosed: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

VISA or MasterCard # (circle one) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### PARENTAL WAIVER

#### THIS SECTION MUST BE READ AND SIGNED FOR CHILD TO PRACTICE OR PLAY. NO EXCEPTIONS

In consideration of the acceptance of my child into the activities conducted by the Skyline Soccer Association (hereafter called Association) and its member teams, I hereby, for my child and myself, and our respective heirs, administrators, guardians, and representatives, waive, release, and forever discharge any and all rights and claims which I or my child may have now or which may accrue to any of us in the future, against the Association, the teams, coaches, officials, officers and members of the Association, all municipalities, special districts/properties, sponsors or others involved in the Soccer Program, for any and all damages which may be sustained or suffered by any of us in connection with the events or activities (including travel to or from such activities or events) which the Association sponsors or in which it is involved. I agree to abide by the rules of the Association and hereby give my consent for my child to participate in all Skyline Soccer Association activities. As the parent or legal guardian of the above mentioned player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Dentistry, Emergency Medical Technician or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve the life, limb and well-being of my dependent. Additionally, I authorize the use of photos that may be taken of my child while participating in this program to be used by Skyline Soccer on their website or any other promotional material.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_