

Skyline Soccer Association

2370 South Colorado Blvd, Denver, Colorado 80222

303.691.5662 (phone) 303.3.691.5675 (fax)

www.skylinesoccer.org

Spring 2010 Cross Quad Registration Form

\$120 per season

Online registration available at www.skylinesoccer.org

Complete the online registration (preferred) or return this form to our office with payment no later than January 29nd, 2010. Add the \$25 late fee after 01/29/10.

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 or videos that may be taken of my child while participating in this program to be used by Skyline Soccer on their website, direct mail, brochures or any other promotional material.

Parent's Signature _____ Date _____