



Skyline Soccer Association

6000 East Evans Avenue, #1-401, Denver, Colorado 80222
303.691.5662 (phone) 303.3.691.5675 (fax)
www.skylinesoccer.org

Fall 2008 Grasshopper Registration Form \$60 for the Fall

Online registration recommended at www.skylinesoccer.org

Complete the online registration or return this form to our office with payment by August 18.
New players must provide a birth certificate.

Last name _____ First Name _____
 Address _____ City _____ Zip _____
 Phone _____ E-mail Address _____
 Father's Name _____ Dad's Work/Cell Phone _____
 Mother's Name _____ Mom's Work/Cell Phone _____
 Birth Date _____ Age ____ School Attending _____
 Physician _____ Physician Phone _____
 Special Medical Needs(if any) _____
 Emergency Contact _____ Phone Number _____

Amount enclosed: \$ _____ Check number: _____
 VISA/MasterCard # _____ Expiration Date: _____
 Name on Card: _____

The Grasshopper Program is on Saturday mornings only from 9:00-9:45 am at Cook Park.
Please contact the office if there are specific children your child would like to play with.

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 _____

