



SJSC Premier Registration



Player Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Gender Male/ Female
Month day year

Home Phone: (____) _____ Child's Cell: _____

School: _____ Grade: _____

Positions: Forward/Midfield/Defender/Goalkeeper

Contact Information:

Parent/Guardian

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email(s): _____

Phone 1: _____

Phone 2: _____

Dates/Times you are not available for practice or games. (any additional comments)

NOTICE:

Submitting this form does not guarantee placement on the team. Players selected for the team will be required to have a Team Commitment Form on file. Part of that commitment will be two mandatory practices per week. Absences need to be coach approved.

WAIVER:

We the parents/guardians of the above named player give approval for our child to participate in soccer practices/games. We agree to release and discharge team coaches and agents of liability and expenses resulting from personal injury incurred as a result of participating in this activity. Consequently, it is understood that as parents/legal guardians, it is our obligation to provide appropriate medical insurance for our child, and that said child has not limitation or illness which would restrict full participation in this activity.

Parent/Guardian Signature

Date