Henlopen Soccer Club

Member Delaware Youth Soccer Association

P.O. Box 384, Nassau, DE 19969 ***302-645-9377***

www.henlopensoccerclub.org

Division:
Season: Fall 2009
Amt. Paid:

Instructional Program Registration

Player's Name : Gender : Birthdate :

Home Address :

Phone Number : Email Address :

School :

Father's Name : Occupation :

Home Phone : Work or Cell Phone :

Will Volunteer To : ☐ Coach or Assist. ☐ Help mow the fields. ☐ Sponsor Child's Team.

Mother's Name : Occupation :

Home Phone : Work or Cell Phone :

Will Volunteer To : ☐ Coach or Assist. ☐ Help mow the fields. ☐ Sponsor Child's Team.

I, _____ do hereby give my consent to allow _____ (player) to participate in activities sponsored by the Henlopen Soccer Club. I release the Henlopen Soccer Club from any liability for injuries or damages associated with the player's participation in Club sponsored activities.

_____ _____

Parent/Guardian Signature Date

Doctor : Phone :

Medical Insurance : Policy # :

Medical Problems and Allergies :

If parent/guardian cannot be reached, call : at

Name Relationship Phone #

I/We know that participation in soccer may result in serious injuries to my/our child. Protective equipment does not prevent all injuries to players. In case of emergency, and if family physician cannot be reached, I hereby authorize my child to be treated by another physician who is available.

_____ _____

Parent/Guardian Signature Date