

# FORD COUNTY YOUTH SOCCER CLUB

## FALL 2022 REGISTRATION FORM



Registration Deadline is **JULY 31, 2022. Late registration fee \$10**

Games Begin TBD

### PLAYER INFORMATION (One player per form)

Child's Name	_____	Grade	_____
Street Address	_____	Player's 1 <sup>st</sup> Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, St, & Zip	_____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone	_____	Date of Birth	_____
Parent/Guardian	_____	Parent/Guardian	_____
Phone	_____	Phone	_____
Email	_____	Email	_____
Emergency Contact	_____	Emergency Phone	_____

### REGISTRATION:

Check One	LEVEL	Birth Year	Cost
<input type="checkbox"/>	MICRO	2019	\$25
<input type="checkbox"/>	U6	2017-2018	\$40
<input type="checkbox"/>	U8	2015-2016	\$40
<input type="checkbox"/>	U10	2013-2014	\$40
<input type="checkbox"/>	U12	2011-2012	\$60
<input type="checkbox"/>	U14	2009-2010	\$60
Scholarships available. Please email secretaryfcysc@gmail.com			

#### \*\*U12 & U14 Players ONLY:

Uniforms will be provided and issued by coaches. Uniforms will need to be turned back in at the end of the season. The uniform will include one pair of socks. Socks do not need to be returned.

### QUESTIONNAIRE:

Are you interested? (Circle answer)		
Head Coach? <small>**All Head Coaches will receive one FREE registration for their player** (Refunds will be issued after ball bags are turned in)</small>	YES	NO
Assistant Coach?	YES	NO
FCYSC Board? <small>Board members will receive FREE registration for their player(s) with ACTIVE participation of field maintenance, concessions, fundraising, etc.</small>	YES	NO
FCYSC Sponsor?	YES	NO
Concession – volunteers for home games only	YES	NO

Please make checks payable to: FCYSC

Mail registration to:

FCYSC

PO Box 365

Gibson City, IL 60936

Questions or comments?

secretaryfcysc@gmail.com

\*\*MEDICAL WAIVER INCLUDED\*\*

Emergency Medical Release & Liability Waiver Participant's



Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY INFORMATION:

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

\*\*In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_  
Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_  
Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN. I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue **Ford County Youth Soccer Club**, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the **Ford County Youth Soccer Club** will cause the participant to be removed from the Program. (revised 3/6/17)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Signature is required)

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT**