



The Futbol Club of Kentucky

Registration Form



Age Group: _____ (See Chart)

Tryout Number: _____ (Assigned)

Player Information:

Name of Player: _____ Gender: M F
 Address: _____ Last 4 digits of SS#: _____
 City: _____ State: _____ Zip: _____ Birthdate: _____
 Parent/Guardian _____ Grade (Spring2008): _____
 Phone #: _____ Mobile #: _____ Mobile #: _____
 Parent Email Address: _____
 Player Email Address: _____

Volunteer Information:

In order to keep costs at a minimum, all parents must be willing to volunteer. If you don't wish to volunteer, a \$50 non-participation donation is required. Each parent/guardian of players will be required to help with fundraising to benefit FC of Kentucky Soccer Club. Please check one of the positions listed below. Team coordinators will assign additional team duties that include hotel coordinating, scores/stats, Tshirts, etc.

Pay \$50 Non Participation _____ Work (1) Amazon.com _____ Work (1) Bingo _____

Registration Information:

Registration Fee: A deposit of half the required player fee is due at time of registration and the remaining balance will be due in 30 days. If your child is not selected for a team, your deposit is refundable.

Birth Certificate Required: Y N
 Player Jersey Size: _____
 Player Short Size: _____

Number Preference:
 1st Choice: _____
 2nd Choice: _____
 3rd Choice: _____

Consent & Waiver: I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of The Futbol Club of Kentucky (FC Kentucky), permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requit and forever discharge FC Kentucky, its Board of Directors, coaches, referees and any other such volunteers as are connected with FC Kentucky in any capacity, for any and all damages, claims and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to participate in the FC Kentucky program. Further, I herby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

 Player Signature

 Date

 Parent/Guardian Signature

 Date