

Pal-Mac Soccer Club, Inc. Summer & Indoor Team Registration

Player Info

Player's Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: (____) _____ Cell #: (____) _____

E-Mail (Player): _____

Grade (this school year): _____

Birth Date (Month, Day, Year): _____

Please list any medical condition or restrictions the PLAYER may have:

Parent/Legal Guardian/Emergency Contact Info

Father's Name: _____

Phone #: (____) _____ Cell #: (____) _____

E-Mail (Father's): _____

Mother's Name: _____

Phone #: (____) _____ Cell #: (____) _____

E-Mail (Mother's): _____

Person to Notify in Emergency: _____ Relationship: _____

Phone #: (____) _____ Cell #: (____) _____

Note: Players and parents, please send us your email address and phone # updates should they change throughout the year.

Acknowledgment of Risk

Recognizing the possibility of physical injury associated with soccer I, the parent/guardian of the registrant, a minor, hereby release, discharge and/or otherwise indemnify the PAL-MAC SOCCER CLUB INC., its affiliated organizations and sponsors, coaches and associated members, including the owners of fields and facilities utilized for the summer and indoor programs, against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the program and/or being transported to or from the same which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above-named player.

I understand my primary insurance coverage will be utilized for all medical claims. I understand that by signing this registration form and paying the required fee the above named player is not guaranteed a position on a summer or indoor travel team. All fees will be returned if the player is not selected for a team.

Parent/Guardian Signature(s): _____

Date: _____

Amount owed: _____ Amount paid: _____ Paid by: Cash / Check # _____