



# SUMMER TRAVEL REGISTRATION

office use only  
U11 U13 U15 U18

## PLAYER INFORMATION

GIRL       BOY

Last Name	
First Name	
Street Addr	
Town/Zip	
Phone #	
e-mail:	
Birthdate:	age on 7/31/10:

Shirt Size:	YS YM YL AS AM AL AXL
Sock Size:	Youth Junior Adult None

Jersey #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(3 choices)
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**NUMBERS FROM 1 THRU 29 ONLY!**

**No guarantee you'll get the number you request...**

## PARENTS/GUARDIANS

Name	
Phone #	
e-mail:	
<hr/>	
Name	
Phone #	
e-mail:	

## Player's Medical Conditions / Other Info


Shorts (separately priced) may also be available to order.

## Acknowledgment of Risk:

I recognize the possibility of physical injury associated with the game of soccer. As the parent or responsible guardian of the player above, I hereby release, discharge, and otherwise indemnify the Pal-Mac Soccer Club, Inc., its affiliated organizations and sponsors, its coaches and other volunteers, and owners or operators of fields and facilities used for its soccer programs, against any claim by, or on behalf of, the registered player named above, as a result of the player's participation in the Pal Mac Soccer summer program, or being transported to or from program activities.

I hereby give my consent for emergency first aid and medical care as prescribed or administered by a duly licensed medical official. I understand that my primary medical coverage will be used for the submittal of all medical claims.

I understand that not every player is guaranteed a spot on a team. Fees will be refunded if a player is not selected. Playing time is not necessarily uniform among players, but rather at the coach's discretion as dictated by team size and skill levels.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	<b>Fees:</b>	1 Player:	<b>\$70.00</b>
	Prepaid Insurance	-\$7.00	
	2nd child discount:	-\$5.00	
	3rd child discount:	-\$5.00	
		Total Due:	
	<input type="radio"/> Cash Payment		
<input type="radio"/> Check # _____	Recvd By:		