

www.TIGERYOUTHSOCCER.com

U8: Ages 6-7 / U10: Ages 8-9 / U12: Ages 10-11

Scan QR Code
to Register Online
or
you can fill out the
form below



PARENT'S INFORMATION:

FULL NAME: _____ Father [] Mother [] Guardian []

HOME ADDRESS: _____

CELL NUMBER (Required): _____

EMAIL ADDRESS (Required): _____

PLAYER'S INFORMATION:

FULL NAME: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS (If different from above): _____

SCHOOL: _____ GRADE: _____ PLAYED IN A SOCCER TEAM BEFORE? Yes [] or No []

ANY MEDICAL CONDITION THAT NEEDS TO BE DISCLOSED: _____

INSURANCE: Insurance Company _____ Policy No. _____

EMERGENCY CONTACT: _____ CELL NUMBER: _____

*Special Request: _____

PARENT/GUARDIAN APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for East Sarang Community Church (ESCC) and members of ESCC accepting my child as a player in the soccer programs and activities of ESCC (the "Programs"), I consent to my child participating in the Programs. Further, I release, discharge, and otherwise indemnify ESCC, its members, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of my child's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. My player child is physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Photo/Video Release

I authorize ESCC to use, reproduce, and/or publish photographs and/or video that may pertain to my child - including image, likeness and/or voice at its discretion. I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on the "program" Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Parent/Guardian Signature _____ Date: _____



venmo



zelle

Please pay \$20 registration fee by venmo or zelle.
Or you can pay by cash or check at the first practice.