

# EXCEL SOCCER CLUB

Please return TWO copies of this form to:  
PO Box 2519, Santa Cruz, CA 95063. Phone: 831-477-0545  
www.exceloccerclub.org

**\*Coed teams only\***

**\*No Transfers\***

No Under 16, 14, 12, 10 team will field more than 8 boys at one time. No Under 8 team will field more than 5 boys at one time. Teams may have to play short if not enough girls are available.

Player Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

\_\_\_\_\_ City Zip

School \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Area/School where you prefer your child to practice: \_\_\_\_\_

<b>CLUB USE ONLY</b>	
Age Group	_____
Area	_____

Birthdate	_____		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Seasons played rec.	_____		
Seasons played comp.	_____		

## IMPORTANT

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of FIFA and Excel Soccer. Recognizing the possibility of physical injury associated with soccer and in consideration Excel accepting the registrant for the soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Excel Soccer and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against 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.

Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian

## EMERGENCY INFORMATION

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Person to call if parent cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

<b>I AM WILLING TO BE A:</b>	
<b>Coach</b>	_____ <input type="checkbox"/>
<b>Assistant</b>	_____ <input type="checkbox"/>
<b>Team Parent</b>	_____ <input type="checkbox"/>
<b>Board Member</b>	_____ <input type="checkbox"/>
<b>Sponsor</b>	_____ <input type="checkbox"/>

Home Number \_\_\_\_\_

Work Number \_\_\_\_\_

Home Number \_\_\_\_\_

Work Number \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

## Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give consent for the 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 my dependent.

Signature of Parent or Guardian X \_\_\_\_\_

Doctor/Dentist to Notify \_\_\_\_\_

Fees:           **October 1 through October 31 - \$70 per player**  
                  **November 1 through November 30 - \$80 per player**  
                  **After December 1 - \$95 per player**

<b>CLUB USE ONLY</b>	
Picture	_____ <input type="checkbox"/>
Birthdate	_____ <input type="checkbox"/>
Fee	_____ <input type="checkbox"/>
Cash	_____ <input type="checkbox"/>
Check #	_____ <input type="checkbox"/>