

ARLINGTON TRAVEL SOCCER CLUB

Registration

Fall 2008-Spring 2009

Player's Name _____ Male ___ Female ___
Date of Birth _____ Grade ___ Age ___ School _____
Address _____ Phone _____
_____ Email _____

Parent/Guardian Contacts:

Names: _____
Address (if other): _____
Work # _____ Cell # _____ Mother's Maiden Name
Work # _____ Cell # _____

Emergency Contact:

Name _____
Home # _____ Work/Cell # _____

Volunteer: (circle)

Fundraising Tryouts Board of Directors Publicity Coaches Game
Manager Assistant Manager Uniform Coordinator Other

Permission and Liability Release:

I give my child permission to participate in the soccer program sponsored by the Arlington Travel Soccer Club, in conjunction with the Arlington County Department of Parks, Recreation and Community Resources. I understand that every participant in this program should be insured for medical expenses arising from accidental injury through a policy that the participant's family currently has in force and which will cover participation in this sport. This permission releases the Arlington Travel Soccer Club, Arlington County Department of Parks, Recreation and Community Resources, and their agents and employees from any liability in the conduct of this program. This permission will remain in effect unless terminated by a parent or guardian in writing. I give permission for my child's photo to be displayed on the website. Team name only will be displayed.

Parent/Guardian Signature

Date _____

Team: _____

Coach: _____

ATSC Fee: Fall 2008 TBA _____

ASA Registration Fee: Fall 2008 TBA _____

Mail Form To Your Team Manager