

Hagerstown Soccer Club
Soccer Academy Registration Form
Fall 2008
U6 & U8 (no tryout necessary)

Player Name: _____

Address: _____

Home Phone Number: _____ Email Address: _____

Player Date of Birth: _____ Age on July 31, 2008 _____

2008-2009 School and Grade: _____

Parent/Guardian Names: _____

Previous Soccer Experience: _____

Shirt Size: _____

As with any non-profit organization the Hagerstown Soccer Club relies on volunteers to make things happen. There are no paid employees of the club. With that in mind, we have a number of areas where we need your help to ensure the best possible experience for the “kids” in our programs. If you are able to help in any of the following areas please circle the one(s) that would be of interest to you. Thanks in advance for your help.

- | | | | | |
|----------------------------|----------------------------|-------------|----------------------|--------------|
| Tournament Committee | Facilities/Field Committee | Concessions | Discipline Committee | |
| Public Relations/Marketing | Fundraising | Coaching | Club Registrar | Team Manager |

Parent must read and sign below:

Recognizing the possibility of physical injury associated with the sport of soccer, I hereby release, discharge, and/or otherwise indemnify the Hagerstown Soccer Club, Inc., it’s owners, staff, affiliates and associated personnel, including the owners of the facilities used by the club against any claim made by or on behalf of the player listed above as a result of the player’s participation in club activities. I certify that the player above has adequate medical insurance, is in sound physical condition and capable of participating in soccer activities and that there are no medical conditions that prevent his/her participation, or be adversely affected or influenced by his/her participation, in soccer activities conducted by the Hagerstown Soccer Club, Inc.

In case of emergency, I authorize treatment to be given by my family physician or the nearest hospital’s emergency department. I permit the Hagerstown Soccer Club, Inc., coaching staff to act on my behalf in accordance with their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature: _____