

Telluride Youth Soccer Club Registration Form ~ Fall 2008

Player Name: _____
(Last) (First)

Mailing Address: _____
(PO Box or Street Address) (City) (Zip Code)

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Gender: Male Female Date of Birth: ____/____/____ Grade in Fall 2008: _____

Crossfire Uniform Order Form

Uniform Size: Youth Large Adult Small Adult Medium Adult Large

Uniform Fees Submitted _____ + Registration Fees Submitted _____ = Total Fees Submitted _____ (include child's name on check memo)

Parent/Player Release for Play/Travel/Medical Care for Named Player ~ Fall 2008

The undersigned hereby releases coaches, volunteers, organizers, and/or participants of Telluride Youth Soccer Club and CYS, USYSA, Telluride Public School and The Town of Telluride from all liabilities resulting from injuries or damages incurred during participation or travel in any athletic or social event sponsored by TYSC. The undersigned understands that CYS provides player insurance related to injuries occurred through TYSC-sponsored activities as a secondary policy only. I agree to abide by all TYSC rules, regulations and policies.

I hereby give my consent for all medical care, prescribed by a duly licensed Doctor of Medicine, for whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Player Name: _____
(Last) (First)

Please note any special health/physical/learning needs of the above player: _____

Preferred Doctor: _____ Phone: _____

Parent/Guardian Signature: _____
(Print) (Sign)

Staff Use Only

Fees Paid _____ Check # _____ Cash _____ Code _____ Waiver _____ Staff Initials _____ Date _____