

Fridley Heights Lightning Soccer
2009 Registration
Page 1



Player Information (Please print)

Player's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Gender(circle one): M F
Birth date: _____ Age as of 8/1/09: _____
School: _____ Grade (1/1/2009): _____

Experience: Have you played soccer: _____ Number of Seasons _____
Are you a goalie? _____ Number of Seasons _____

Shirt Size (Youth) S__ M__ L__ (Adult) S__ M__ L__ XL__

Parent/Guardian Information

Mother's Name: (First) _____ (Last) _____
Phone: _____
E-mail: _____

Father's Name: (First) _____ (Last) _____
Phone: _____
E-mail: _____

Has either parent coached in the past? If so, which parent (circle one): Mother Father
Age (s) coached: _____ When? _____

Would you be available to coach this year if needed (circle one)? Yes No

Registration Checklist

Birth Certificate Provided with Registration (circle one): Yes No
Payment:

Total Paid (enter amount): \$_____

Type: Cash _____ Check #: _____

Payment Rec'd by (FHSC board member initials): _____

U6 U8 U10 U11 U12 U13 U14 U15 U16 U17 U18
Boys Girls

Fridley Heights Lightning Soccer
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Page 2



Emergency Medical Information

Player's Name: _____

Person to Notify in Case of Emergency:

Name: _____

Phone: _____

Hospital Preference: _____

Insurance Coverage (company name): _____

List any medial problems or restrictions the player has: _____

****List any food allergies:**

Parent/Guardian Medical Release

As the parent or legal guardian of a participant in USSF-MYSA program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Player/Adult Protection Guidelines Acknowledgement Statement

I/We have received and reviewed the PLAYER/ADULT PROTECTION GUIDELINES. I/We understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization.

Parent/Guardian Participation Agreement

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USSF and the MYSA, its affiliated organizations and the sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Family Email Address (will be used by coaches and/or team managers):

Print Name of Parent/Guardian: _____

Print Name of Player: _____

Signature of Parent/Guardian: _____ Date: _____

