

FC Alliance 2008 Registration Form (PLEASE PRINT)

Boys U-_____ Girls U-_____

LAST NAME	FIRST NAME	DATE OF BIRTH	DOES PLAYER RESIDE IN THE AREA SERVED BY NORTHSHORE SCHOOL DISTRICT OR MALTBY ELEMENTARY? (CIRCLE ONE) Yes No
ADDRESS		CITY	COUNTY ZIPCODE
HOME PHONE	CELL OR ALTERNATE PHONE*	PARENT EMAIL	
LEVEL PLAYED LAST YEAR (CIRCLE ONE) Rec Select-District Select -PDL Select-WSYL	2007 ASSOCIATION AND TEAM		PRIMARY POSITION TRYING FOR
PARENT/GUARDIAN SIGNATURE _____ DATE _____ (REQUIRED TO PARTICIPATE IN TRYOUTS) Soccer is an inherently dangerous sport. By signing as a parent or guardian, you are agreeing to hold FC Alliance, Northshore Youth Soccer Association and the Northshore School District harmless from any and all liability arising out of injuries or damages sustained to you and/or your child during soccer tryouts.			
PLAYING UP: I am planning to try out for a team above my appropriate age level. I understand that I must also attend at least one tryout for my appropriate age level. The coaches and Coaching Director will be informed of this, and will decide which age group is the best fit for my abilities. My appropriate age group is U- _____.		PLAYER SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____	

* CELL OR ALTERNATE PHONE NUMBER WILL ASSIST IN TIMELY CONTACTING OF PLAYERS AFTER THE FINAL SESSION

BOXES BELOW ARE FOR FCA USE ONLY:

TRYOUT JERSEY COLOR	TRYOUT JERSEY NUMBER	NYSA SERVICE AREA?	FEE AMOUNT	FEE PAID BY: CASH CHECK#
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BRING REGISTRATION FORM & BIRTH CERTIFICATE TO THE FIRST SESSION
\$10 Fee (Cash or Check payable to NYSA-FCA)