



# Northshore Youth Soccer Association



## 2007 FC Alliance Player Registration Form

**PLEASE PRINT CAREFULLY**

FIRST NAME	LAST NAME	BIRTHDATE	AGE GROUP BU-____ GU-____
ADDRESS		CITY	
HOME PHONE	COUNTY	ZIP	
2006 ASSOCIATION/TEAM AND TEAM ID#		PRIMARY EMAIL	
FATHER'S NAME (FIRST, LAST)	CELL PHONE	ALTERNATE EMAIL	
MOTHER'S NAME (FIRST, LAST)	CELL PHONE	ALTERNATE EMAIL	
NEAREST PUBLIC ELEMENTARY SCHOOL		FALL GRADE LEVEL	

Please mark the appropriate items below about your residence, which helps us identify our membership makeup and provide proper percentages to the governmental and community groups identified below:

**RESIDE IN CITY LIMITS?**

- Bothell
- Kenmore
- Woodinville

**SCHOOL:**

- Northshore School District
- Maltby Elementary
- Other: \_\_\_\_\_

**PARK DISTRICT:**

- Bothell Parks
- Monroe Parks
- Woodinville Parks

- ◆ Scholarship Fee is available for hardship situations; attach Scholarship application and supporting documentation.
- ◆ There will be a \$25 charge on checks returned for insufficient funds.
- ◆ Requests for refunds are subject to a \$20 handling fee and must be postmarked June 1.

### Parent's Agreement

I, the parent/guardian of the registrant, a minor, agree that there is the possibility of physical injury associated with soccer, and in consideration for NYSA/FCA accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify NYSA/FCA, its affiliated organizations, member clubs and sponsors, their employees, associated personnel and volunteers, including the owners of fields and facilities utilized for any such program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I certify the above information is true and accurate to the best of my knowledge:

Signature \_\_\_\_\_  
PARENT OR GUARDIAN

Date \_\_\_\_\_

**NYSA/FCA Use Only**

Birth Certificate #	NYSA Registration Fee: \$190	<input type="checkbox"/> Reduced Fee Paid \$ _____
State of Birth:	FCA Registration Fee: \$425	<input type="checkbox"/> Reduced Fee Approved by _____
U - _____ 210188 - _____	TOTAL PAID: \$ _____	<input type="checkbox"/> Check # _____
		<input type="checkbox"/> Cash \$ _____