



2009 - 2010

Northshore Youth Soccer Association

FC Alliance Registration Form



PLEASE PRINT CAREFULLY

PLAYER INFORMATION – (PLEASE USE LEGAL NAME)			
FIRST NAME	LAST NAME	BIRTHDATE	AGE GROUP BU-____ GU-____
ADDRESS		CITY	
HOME PHONE	COUNTY	ZIP	
PRIOR YEAR ASSOCIATION/TEAM	PRIOR YEAR TEAM ID (9 DIGIT #)	PRIMARY EMAIL	
NEAREST PUBLIC ELEMENTARY SCHOOL		FALL GRADE LEVEL (I.E, 6 TH GRADE)	

PARENT INFORMATION		
FATHER'S NAME (FIRST, LAST)	CELL PHONE	ALTERNATE EMAIL, IF APPLICABLE
MOTHER'S NAME (FIRST, LAST)	CELL PHONE	ALTERNATE EMAIL, IF APPLICABLE

- ◆ 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 meet FC Alliance guidelines.

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 _____ Date _____
PARENT OR GUARDIAN

NYSA/FCA Use Only

Birth Certificate # _____ Player Fee: \$ _____
 State of Birth: _____ Reduced Fee: \$ _____ Approved by _____ U - _____ 210188 - _____