



2011 FC ALLIANCE HOLIDAY CAMP REGISTRATION FORM



Participant Name:		
Address:	City:	Zip:
Home Phone:	Email:	
Fall 2011 Soccer Team:	Gender: M / F	Date of Birth:
Parent/Guardian Name:		
Address:	City:	Zip:
Phone:	Email:	

Emergency Information

Doctor's Name:	Doctor's Phone:	
Insurance Name:	Group Insurance Number:	Insurance ID Number:
Emergency Contact:	Emergency Contact Phone:	
Allergies and/or Special Needs:		

Medical Release

Parent does hereby authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for Player by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard Player's health and Parent cannot be contacted. Parent waives their right of informed consent to such treatment.

Parent understands and agrees that there is the possibility of physical injury associated with soccer, and in consideration for FCA accepting the Player for its soccer program and activities, Parent hereby release, discharge and/or otherwise indemnify 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 Player as a result of the Player's participation in the FC Alliance Holiday Camp.

Parent/Guardian Signature:	Date:
Print Name:	Relationship to Player:

Fee: \$40 – MAKE CHECKS PAYABLE TO NYSA/FCA Payment (Office Use Only): Check # _____ Amount: _____ Received: _____	Mail To: Kim Mastan FCA Administration 17041 NE 136 th Place Redmond, WA 98052
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