

# Trenton Youth Soccer Registration

## FAMILY INFORMATION

Last Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PLAYER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M F  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Going Into(circle one): K 1<sup>st</sup> 2<sup>nd</sup>  
Medical Alerts: (asthma, allergies, etc.) \_\_\_\_\_  
Shirt Size(circle one) 6/8 10/12 14/16 AS AM AL AXL A2XL

## PARENT/GUARDIAN PERMISSION (Must be signed before participation is allowed)

**LIABILITY RELEASE:** I hereby give permission for the above named child to participate in all soccer activities during the Fall 2008 season. I understand that such activities pose the risk of injury to my child. I assume all risks and hazards incidental to such participation, including transportation to and from these activities. On behalf of my child, I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Trenton, the organizers, coaches, referees, sponsors, supervisors, participants, and persons transporting children to and from these activities, for any negligence on their part, and for any claim arising out of injury to my child.

**MEDICAL RELEASE:** I certify that my child is in good physical condition and is capable of undertaking a strenuous recreational program. I hereby authorize the City of Trenton Soccer Program to seek emergency medical treatment for my child in case of injury or occurrence of a medical problem, which may occur during program sanctioned activities. I also agree to notify the program coordinator within 24 hours of any injury or other medical problem that may be considered in any way related to the Trenton Fall Soccer Program.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Parents willing to coach \_\_\_\_\_ Parents willing to help coach \_\_\_\_\_  
(You do not need to know how to play soccer to coach soccer! We can get you the information.)

All registration forms must be postmarked before June 30, 2008. We have had to many problems with late sign-up's in the past. The league states that we need to have all our teams registered by this date. **A \$20.00 late fee will be charged if turned in late.**

Fees are \$30.00 for in town, \$35.00 for out of town. Make checks payable to the **City of Trenton.**

Mail forms and checks to: Keith Franke                      or turn them in at the park on:  
510 North Main Street    May 31<sup>st</sup> and June 14th  
Trenton, Il. 62293    1 p.m. to 4 p.m.

You can also down load the form from the website at [www.trentonsoccer.org](http://www.trentonsoccer.org) .