REGISTRATION AND PARTICIPATION FORM
HERITAGE SOCCER CLUB
2010-2011 TEAM TRY-OUTS

_____
Team you wish to try out for (not req'd)

_____
Player's Last Name First Name Birthdate M/F

_____
Name of Parents/Guardian

_____
Street Address City Zip Code

_____
Home Phone Parent/Guardian Cell E-Mail Address

List any medical problem or condition this player has:_____

_____

Person to Notify in Emergency_____
Name Phone

_____
Doctor to notify in emergency Phone

PLAYER HISTORY:

Number of Prior seasons Played _____ Last Team _____ Last League or Club _____

Position(s)_____

Height_____ Weight_____ School_____ Grade_____

I, the parent/guardian of the above-named player, a minor, hereby give permission for the player to participate in Heritage Soccer Club's skills and training clinic. I further, on behalf of myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Heritage Soccer Club, the owners and operators of the facilities used for the clinic and each of their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in this program.

_____ _____
Print Name of Parent/Guardian (over age 18) Signature

_____
Date

I have read the Heritage Parent/Player Commitment Form and will abide by the philosophies stated in this document