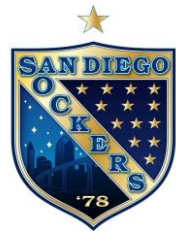




YOUTH SOCCER PLAYER REGISTRATION



Last Name

First Name

Street Address

City, State, Zip Code

Parent/Guardian Name

Email

Home Phone

Childs Date of Birth Boy _____ Girl _____

Work/Cell Phone

Jersey Size (circle one) YS/ YM/ YL/ S/ M/ L

Emergency Contact

Short Size YS/ YM/ YL/ S/ M/ L

Emergency Contact Phone

Season Dates: September 8 - October 20, 2018

I hereby authorize the staff of MCRD/San Diego Hall of Champions (SDHOC) and the San Diego Sockers to act on my behalf and to the best of their ability in any emergency requiring medical attention. I also hereby release, discharge, and/or otherwise indemnify MCRD/SDHOC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

Signature of Parent/Guardian _____ Date _____

Family Physician

Physician's Phone Number

Health Care Carrier

Policy Number

Date of Last Medical Exam

Special Needs/ Medical Problems/Allergies _____

I hereby certify that my child is in good health and able to participate in Youth Sports.

Initials of Parent/Guardian _____

I also understand that MCRD/CSA retains the right to use for public and/or advertising purposes photos taken during the league and clinics.

Initials of Parent/Guardian _____

Fee: Early Bird Registration - Jul 16 - Aug 2, 2018:
Active Duty \$65; Cilivian/DoD \$75

Fee: Regular Registration - Aug 3 - Aug 16, 2018:
Active Duty \$75; for Cilivian/DoD \$85

Location: MCRD

Select Branch of Service

USMC USN USCG USAF US ARMY DoD

Date Received _____
Birth Certificate Checked _____

POC Email: maria@ssockers.com