



FC Carolina Alliance (FCCA)

Rowan Recreation Registration / Medical Release

Registration Fee Received	
<input type="checkbox"/> Cash	Amt Pd
<input type="checkbox"/> Check #	\$ _____

- Returning Player – Fall '08 -- \$60.00 Registration**
- New Player – Spring '09 - \$80.00 Registration (Cost includes Uniform consisting of Jersey/Shorts & Socks)**

Player's Name _____ Boys Girls
 Date of Birth: _____ / _____ / _____
 Team Age Group: U- _____
 School Player Attends _____ Grade in Fall(08) _____

Address: _____ **Home Phone:** _____
City: _____ **Zip:** _____ **Phone:** _____

Mother's Name _____ **Home Phone:** _____
Email: _____ **Cell Phone:** _____
Address / Cty: _____
(Only if Different from Player)

Father's Name _____ **Home Phone:** _____
Email: _____ **Cell Phone:** _____
Address / Cty: _____
(Only if Different from Player)

Player Uniform: *Player's Returning from Fall '08 Do not Need to Order a New Uniform*

- YXS YS YM YL YXL

Emergency Contact: _____ **Phone:** _____
Date of Last Tetanus: _____ / _____ / _____ **Medications Taking Now:** _____
List Unusual Health Concerns: _____

I (we), the undersigned, residing in the county of _____, state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Programs.

I (we) agree that we and the Registrant will abide by the rules of the United States Youth Soccer Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the Registrant for its soccer programs and activities (the Programs), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYSA, 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 and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Registrant by any dentist duly licensed to practice.

Parent Signature

Date