



Registration Form

Participants Name: _____

Home Address: _____

Years playing soccer _____

Email Address: _____ Home Phone: _____

Participant's Date of Birth: _____ Age: _____ Circle One: Male Female

Parent/Guardian Name: _____ Work/Cell Number: _____

Emergency contact Name: _____ Work/Cell Number: _____

Family Physician: _____ Phone number: _____

Please circle Uniform size YS YM YL AS AM AL AXL AXXL

Fees are NON REFUNDABLE

The insurance policy covers each registered participant, for liability medical insurance. The policy has a \$100,000 per incident limit with a deductible of \$100.00. A deductible is the amount that the participant is required to pay before the insurance company will pay anything. Being that this is an excess insurance policy, coverage is payable only after the participant has exhausted the limits of his/her family insurance. Proof that the family insurance policy limit has been reached is required to recover any money under this policy. If the participant does not have any family insurance, then this insurance becomes primary.

I have read and understand the above:

This release is made to allow my child to participate in the Tamarac Youth Soccer; I recognized that my signature on this release is a condition of you permitting my child to participate.

Parent/Guardian Signature: _____ Date: _____