



PLAYER'S APPLICATION

Please PRINT all information.

_____ SPORT

FIRST NAME **MIDDLE NAME** **LAST NAME** **SUFFIX (JR, III,ETC.)**

STREET ADDRESS _____

CITY _____ **STATE** _____ **Zip** _____

HOME PHONE () **MALE** **FEMALE**

DATE of BIRTH: **MO.:** **DATE:** **YEAR:**

NAME OF SCHOOL _____ **GRADE** _____

MOTHER'S (GUARDIAN'S) NAME _____

STREETADDRESS (IF DIFFERENT) _____

CITY _____ **STATE** _____ **Zip** _____

HOME PHONE () **E-MAIL ADDRESS** _____

FATHER'S (GUARDIAN'S) NAME _____

STREETADDRESS (IF DIFFERENT) _____

CITY _____ **STATE** _____ **Zip** _____

HOME PHONE () **E-MAIL ADDRESS** _____

LIST ANY KNOWN OR RELEVANT MEDICAL PROBLEMS

I, THE PARENT/GUARDIAN OF THE ABOVE MENTIONED PLAYER, ACKNOWLEDGE THAT SPORTS ARE A PHYSICALLY DEMANDING, FROM WHICH INJURY MAY RESULT. IN CONSIDERATION OF THE PLAYER'S PARTICIPATION IN ACTIVITIES SPONSORED BY FORT GREENE SPORTS, AKA, THE FORT GREENE SOCCER CLUB, INC; I, FOR MYSELF, AND THE PLAYER, AND OUR RESPECTIVE HEIRS, ADMINISTRATORS AND SUCCESSORS, INTENDING TO BE LEGALLY BOUND, HEREBY RELEASE AND INDEMNIFY THE FORT GREENE SOCCER CLUB, INC; ITS DIRECTORS, OFFICERS, EMPLOEES, 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 THE ACTIVITIES SPONSORED BY FORT GREENE SPORTS, AKA, THE FORT GREENE SOCCER CLUB, INC.

PARENT'S SIGNATURE _____ **DATE** _____

I WOULD LIKE TO VOLUNTEER (CIRCLE ONE):
 COACH SAFETY FUNDRAISING OTHER

PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT), PAYABLE BY CASH, CHECK OR MONFY ORDER TO FT. GRFFNF SPORTS