

Date Received _____ Amount Paid _____ Medical Release _____

HARBOR SOCCER, INC. PLAYER REGISTRATION FORM

Date _____

Spring 2009

Cost is \$100 payable to Harbor Soccer, Inc., due by February 14, 2009

Player Information:

Name: _____ Date of Birth: _____

Telephone #: _____ Grade: _____ Sex: _____

Mailing address:

Email address: _____

Parent Information:

Father/Male Guardian:

Mother/Female Guardian:

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

As parent or legal guardian of _____, **I agree to assist my child with his/her commitment to the team and to help Harbor Soccer and my child's team as necessary.** I further understand that soccer is an active, physical-contact sport and that injury and even death can result. I hereby give my consent for the above-mentioned child to play soccer and waive Harbor Soccer, Inc. from any and all responsibility in the event of such injury and/or death.

Parent/Guardian signature

Date

_____ I am interested being a coach, assistant coach or manager for my child's team

_____ Yes, I would like to apply for a scholarship, enclosed is the \$25 fee

Debbie Esposito
1621 Quick Rd.
Harbor Springs, MI 49740

Call Debbie Esposito for more information at 526-8751, 838-3860 or email at desposito@gtlakes.com