

FOR CLUB USE ONLY:

Deposit Paid \_\_\_\_\_

Check # \_\_\_\_\_

ALL DEPOSITS ARE  
NON-REFUNDABLE



FOR CLUB USE ONLY:

Age Group U- \_\_\_\_\_

Registration # \_\_\_\_\_

Notes \_\_\_\_\_

Player's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Grade in Fall 2009: \_\_\_\_\_

Current Club (if applicable) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Player's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

### Parent/Guardian Consent

I, the parent or legal guardian of the child named above, who is a candidate for the soccer program governed by Galaxy Soccer Club, hereby give my approval for my child to participate in the Galaxy Soccer Club try-outs. I agree to release and discharge Galaxy Soccer Club, its agents and directors, and further waive the right to initiate a cause of action for any and all liability, by reason of injury to named player, while participating in the tryout. We hereby authorize the Galaxy Soccer Club to use our child's first name and images, pictures and/or reproductions of our child while engaged in Galaxy Soccer Club games or related activities in the club's promotional material and/or on the Galaxy Soccer Club's website ([www.galaxysc.com](http://www.galaxysc.com))

*If a team position is offered and accepted, we understand we are making a commitment to the Galaxy Soccer Club for the Winter and Spring Seasons. We agree to fully comply with all of the Club's policies, guidelines, and rules relating to payments, practices, games, clinics, and tournaments, as set forth by Galaxy Soccer Club. We understand that all fees are non-refundable.*

***We also understand that if a player requests a release from the Club, all fees must be paid in full.***

**Galaxy Soccer Club is a volunteer-based organization. We need your assistance. Please choose at least one job for which you are willing to volunteer.**

Tournament Committee (Please specify: Sponsorship, Marketing, Food Vendors, Merchandise Vendors, Security, Registration, Awards/Trophies, Parking, Clean-up) \_\_\_\_\_

Team Registration \_\_\_\_\_ Tech Camp \_\_\_\_\_ Clerical Work \_\_\_\_\_

Special Event Planning \_\_\_\_\_ Call When Needed \_\_\_\_\_ Committee (please specify Community Service, Facilities,

Finance, Fundraising, Human Resource, Marketing,) \_\_\_\_\_

Special Expertise (please explain) \_\_\_\_\_