



Flathead Soccer Club
 2009 Fall Recreational Soccer Registration
 Please Print Clearly

Player's Name: Last _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Check One: Male _____ Female _____ Date of Birth _____

E-mail address _____

School _____ Home Schoolers Specify the School in Area _____

Father's Last Name _____ First _____ Work Phone # _____

Mother's Last Name _____ First _____ Work Phone # _____

Have you played Flathead Force/Classic or similar **competitive** soccer? Yes _____ No _____ If yes, Coach's Name _____

Please Circle the Appropriate Grade Level for the 2009/2010 school year:
****PLEASE NOTE THE CHANGE. WE HAVE SWITCHED TO A GRADE BASED PROGRAM. PLEASE CIRCLE GRADE LEVEL.**

Kindergarten 1st and 2nd grade 3rd and 4th grade 5th and 6th grade 7th and 8th grade High School

Describe any medical conditions that should be known to the coach _____

In case of emergency, please contact: Name _____ Phone # _____

Parental support: FSC **requires** active parent participation during our program. **Circle** the area(s) in which you will participate.

Coach/Asst. Team Parent Field Prep Board Member Committee Chair Fund Raising Concessions Referee Field Marshall

PLAYER

As a member of the Flathead Soccer Club, I understand participation includes various hours of practice and recreational play. I also understand my coach and/or association officials may make requests regarding my behavior and my time as an association soccer player. **I understand I am expected to be a good citizen—at home, at school, and on the field. FSC focus is on the development of recreational soccer players in a fun and safe environment for all members (players, coaches, parents and referees). FSC reserves the right to suspend me if my behavior is disruptive, threatening or destructive.**

Signature _____ Date _____

PARENTS

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA and FSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and FSC accepting the registrant for soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transferred to or from the same, which transportation I hereby authorize. Consent for medical treatment (minor). As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent. I have read the "Player Agreement" my child has signed above and agree to abide by the same principals at practices and games. **I understand the recreational nature of the Association and recognize my responsibility to be a supportive parent of my child and the league. I agree to respect the referee and understand that I may receive a two game suspension if I don't.**

Signature _____ Date _____

WE ENCOURAGE CHECKS OR MONEY ORDERS FOR YOUR PROTECTION. LATE FEE FOR REGISTRATION STRICTLY ENFORCED.

Check # _____

Make checks payable and Mail to:	FSC	Registration	\$ _____
	50 2 nd Street East	LATE FEE (\$35.00)	\$ _____
	Suite, 125	* TAX DEDUCTIBLE, Donation	\$ _____
	Kalispell, MT 59901		
		GRAND TOTAL	\$ _____

***FSC IS A 501C3 NON PROFIT ORGANIZATION.**

FEE: RECEIVED BEFORE 7-25-2009: \$60.00 PER CHILD

RECEIVED AFTER 7-25-2009: \$35.00 LATE FEE PER CHILD

Children registering after 7-25-09 will be on a waiting list and placed on a team if possible.
 Waiver and scholarship information available, contact GKYSA in writing.