




Player Registration Form

FC Houston and Inner City Soccer - Houston, TX

www.houstonfutbol.com



Player's Name:
Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade Attending:
School Attending:
Player's Signature 
Today's Date:

Team Name:
Coach's Name:
Player's Address:
City, State, ZIP:
Player's Email:
Player's Phone #:
Doctor's Name:
Doctor's Phone #:


IMPORTANT – I/We, the parent/guardian of the above named player, a minor, and the above named player agree to the following:

(1) To abide by the rules of the soccer league, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the soccer league accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the soccer league, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

2) To authorize my child's school to verify the date of birth of my child from school records to a Soccer League authorized representative for the limited purpose of Soccer League player age verification.

(3) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

(4) To hereby give my consent to the Soccer League to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of the Soccer League's programs. I grant the Soccer League permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for the Soccer League educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

Parent's Information (if player under 18)
Parent's Name:
Address:
City, State, ZIP:
Email:
Cell #:
Parent's Signature 
Today's Date:

Emergency Contact Information
Name:
Address:
City, State, ZIP:
Email:
Cell #:

For Official Use Only
Completed Form: <input type="checkbox"/>
Copy of Birth Certificate: <input type="checkbox"/>
Picture Take: <input type="checkbox"/>
Payment: <input type="checkbox"/>

