



Young Tigers Soccer Club

2019 Season

Website: www.youngtigers.soccer

Registration: Please complete the registration below. A parent or guardian must sign the Liability Release and Medical Treatment Consent. Your registration fee covers the cost of insurance, field equipment and a uniform shirt.

Program Fee \$20, Early Bird Fee \$15 (before April 21)

Make check or money order payable to: *Young Tigers Soccer Club* Cash may be sent, but risky.

MAIL TO > Attn: Tony Dellelo **Young Tigers Soccer Club P.O. Box 18516 Rochester, NY 14618**
Schools do not collect the registrations

PLEASE PRINT all entries and sign the form at the bottom

Child's Last Name: _____ First Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ Gender: Boy ___ Girl ___ Date of Birth: ___/___/_____

Other Concerns: (asthma, allergies, physical, etc.) _____

Parent(s) ___/Guardian ___: _____ Cell: _____

Can you receive a text message? : Yes ___ No ___

E-Mail Address: _____ Home Tel: _____

Person to contact in an emergency, **other than Parent/Guardian:**

Name: _____ Relationship: _____ Phone: _____

Volunteers are essential to the club's success, whether it be coaching a small group of players, showing some practice routines, referee a game, or **help run the club**. Please be generous with your time, **no experience required**, just a desire to encourage the players to do their best. I can help with _____

Liability Release and Medical Treatment Consent:

I, the undersigned, parent/guardian of the minor listed above, do for ourselves, executors, administrators, heirs, agree to hold harmless and indemnify the Young Tigers Soccer Club, its officers, coaches, referees, and managers for any claims that might be asserted by us or our child as a participant in the game of soccer. I do hereby authorize the officer, leader or coach for the Young Tigers Soccer Club, to transport as required the above minor to and from association sponsored activities including, but not limited to, athletic and social events.

I hereby give my consent for emergency medical care, prescribed by a duly licensed Doctor of Medicine. The care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian Signature: _____ Date: _____