

Revolution Soccer Club

TRAVEL REGISTRATION FORM – 2009-10

\$50 Non-Refundable Deposit fee due at Tryouts
Give payment to your team manager
Make checks payable to: Indy Revolution Soccer Club
Please Print Clearly!

PLAYER

Gender: Boy Girl **Birthdate:** _____ **Age Group:** _____ **Tryout No.:** _____

Last Name _____ First Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Emergency Phone Number _____ Current or Future High School _____

Seasons Played _____ Current Grade Level _____ Player Lives with: Parents Mother Father

Is Player covered by a family private health care / Medical Insurance Policy? Yes No

Jersey Size _____ Short Size _____ Number Preference _____

PARENTS

Mom's Last Name _____ Mom's First Name _____ Work or Cell Phone _____

Mom's Birth Date (Needed for league identification by state association) Month _____ Day _____ Year not needed

Address (Only if Different) _____ City _____ Zip _____

Dad's Last Name _____ Dad's First Name _____ Work or Cell Phone _____

Dad's Birth Date (if Mom's is not available) Month _____ Day _____ Year not needed

Address (Only if Different) _____ City _____ Zip _____

Volunteer

Email Address – Please print neatly _____ @ _____

Please choose one of opportunities below Revolution Depends on Volunteers. The club needs your help!!

Head Coach Mom Dad **License Level:** _____ **Playing Experience:** _____

Assistant Coach Mom Dad **License Level:** _____ **Team Manager** Mom Dad

My Company is interested in supporting Revolution with a sponsorship or material donation Mom Dad

- **Please read this form carefully.** Complete the registration form and sign the waiver below. Fee includes 2 team jerseys, 2 socks, shorts, field user fee, IYSA fees, League fees and referee fees. Teams are formed by age level using the child's age on August 1.

Waiver: I, parent or guardian of the above child, who is participating in the activities of the Revolution Soccer Club, hereinafter called Revolution), hereby gives my consent and approval to my child's participation in any and all activities of Revolution. I assume all risks and hazards incidental to my child's participation in the activities of Revolution and hereby release and hold harmless Revolution, Lawrence Township Schools, Glendale Soccer, Indiana Youth Soccer Association, United States Youth Soccer Association and organizers, sponsors, supervisors, coaches, referees, and agents of these organizations from any liability, claims or damages arising out of my child's participation in the activities of Revolution. I understand that it is my responsibility to satisfy myself that my child is in satisfactory physical condition to participate in the activities of Revolution. In the event that my child becomes injured or ill during any practice or game or while traveling to or from any practice or game while a participant in the activities of Revolution, I authorize the child's coach or his/her representative, to secure first aid and/or the services of any physician or hospital and agree to assume all financial obligations incurred therewith. I understand that Revolution does not carry medical insurance for participants.

DATE: _____ **SIGNATURE:** _____

DO NOT WRITE IN THIS AREA - FOR Team Manager/Revolution USE ONLY

Age Group _____ **Payment Method** _____ **Check #** _____ **Amount \$** _____