

**Eureka Soccer Club**

Team \_\_\_\_\_ ( Official Use only)

Player Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Age of Child \_\_\_\_\_ Grade : \_\_\_\_\_

Name and phone number of person to contact in case of an emergency: *(secondary to parent/guardian)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

All players **must wear these items during games:** black socks, black shorts, shin guards, and Eureka Soccer Club tee shirt (provided). You can buy black shorts, socks, and shin guards at any store.

**\$12.00 Soccer Fee** (per child) This will help cover the cost for use of the equipment and food for the tournament, etc. **(Mandatory Fee)**

**Tee shirt size:**

Youth Sizes: small (2/4) medium (6/8) Large (10/12)

Adult Sizes: small medium Large X large

\*\*\*\*\*

MEDICAL INFORMATION

List all special health concerns: \_\_\_\_\_

\_\_\_\_\_

Medication taken: \_\_\_\_\_

List all medications that should not be administered: \_\_\_\_\_

\_\_\_\_\_

List all known allergies: \_\_\_\_\_

Activity restrictions: \_\_\_\_\_

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**Total Paid:** \_\_\_\_\_ **(Scholarships are available as needed. Please contact Eureka County Juvenile Probation for more information. No Child will be turned away)**

As legal guardian of the named participant, knowing the risks involved, I give my permission for him/her to participate in all activities for said program. In addition, I authorize all instructors, directors, coaches, and assistants to obtain medical care for my son/daughter in the event that such is needed. Further permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures deemed essential to the treatment of the above named participant. I further agree to be responsible for payment of such care.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date