Franklin Township Soccer Club

Non-Traveling League

High School Registration Form – Fall 201__

(open to all boys and girls entering 9th - 12th grade)

P.O. Box 5995, Somerset, New Jersey 08875-5995

HOTLINE: (732) 699-0002
E-MAIL: nt.registrar@frankinsoccer.com
WEB SITE: http://www.franklinsoccer.org/nontravel

Season runs for nine Saturdays from September - November.
(Dates may be obtained at games, from hotline, and website)

Registration Fee (includes club t-shirt)

$35 per high school student (grade 9-12) **$**_____

TOTAL DUE …….. $_____
Make checks payable to "**F. T. S. C.**"

Cash _____Check # _____Date Rec'd _____

PLAYER	*LAST NAME (PLEASE PRINT CLEARLY)*		*FIRST NAME*	
	GENDER (PLEASE CIRCLE)	*AGE*	*DATE OF BIRTH*	*MEDICAL CONDITIONS (CIRCLE NONE IF IT APPLIES)*
	MALE FEMALE			NONE
MAILING ADDRESS	*STREET*			*HOME PHONE*
	TOWN			*ZIP CODE*
MOTHER	*FIRST NAME*	*LAST NAME*		*DAYTIME PHONE*
FATHER	*FIRST NAME*	*LAST NAME*		*DAYTIME PHONE*
SCHOOL	*NAME (FALL)*		*GRADE (FALL)*	
			[CIRCLE] 9 10 11 12	
PREFERRED DIVISION	*(CIRCLE)*	*COMMENTS (IF ANY):*		
	GIRLS BOYS/CO-ED			
T-SHIRT SIZE	*SIZE*			
	[CIRCLE] AS AM AL AXL AXXL			

o Both shin guards and soccer cleats are required (note: non-soccer footwear with front toe cleats will not be allowed). If this requirement is a financial hardship, please see any Executive Board member for solution options.

I agree to abide by all Club policies and procedures and am aware that failure to comply may result in disciplinary action, up to and including expulsion from the Club.

I have been advised that Youth Soccer Players should have a medical exam before participating in soccer; that the F.T.S.C. should be informed of all ailments and / or physical limitations that could affect participation. A "release-to-play" note may be required from my physician. I, the parent / guardian, recognize that any activity involving motion or contact can create a possibility of injury. I hereby release the F.T.S.C. and its volunteers from claims of any injuries that may be sustained while participating in the program.

Player Signature _____ Date_____

Parent / Guardian Signature_____Date_____
(Note: a parent/guardian signature is required for registration to be complete)