



Franklin Township Soccer Club

Non-Traveling League

High School Registration Form – Spring 201

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

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)