



INDIAN RIVER UNITED SOCCER PROGRAM 2011

PLAYER REGISTRATION FORM

PLAYER'S NAME (Please Print): _____
(Last Name) (First Name)

PARENT'S NAME (please print): _____
(Last Name) (First Name)

BIRTHDATE: ____ / ____ / ____
Month Day Yr

GENDER (circle one): MALE FEMALE

PARENT E-MAIL ADDRESS: _____

PLAYER E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (home): _____ - _____ - _____

TELEPHONE (cell): _____ - _____ - _____

TELEPHONE (work): _____ - _____ - _____

Disclaimer, Assumption of Risk and Waiver: I, the undersign parent and legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next of kin, acknowledge that participation in soccer necessarily involves travel, playing in adverse conditions, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussions, brain damage, nerve and spinal injury, paralysis and death. For myself and behalf of the above player, our heirs, assigns and next of kin, waive and release all rights and claims against Indian River United, Indian River Central School, Town of Philadelphia, Jefferson County, their representatives, successors, and assigns for any and all injuries suffered by the above player .

Uniform Size if a uniform is needed				
Shirt Size	YS	YM	YL	YXL
	AS	AM	AL	AXL
Short Size	YS	YM	YL	YXL
	AS	AM	AL	AXL
Sock Size	Youth or Adult			

\$100
_____ Cash _____ Check

Parent/Guardian's Signature

By signing this form, I (the player's parent or guardian) acknowledge that all of the information is accurate. I understand that intentionally providing false information may result in my son or daughter's disqualification from the program.

Please return this form and payment to Diane Barker at 27897 Goulds Corners Road, Evans Mills, NY 13637. Please make CHECKS payable to IRU. If you have questions, please call Diane at 778-6619.