



# River City Jaguars Homeschool Soccer

INFORMATION ABOUT THE PLAYER			
Player Full Name:		Gender:	Male / Female
Upcoming Grade:		Date of Birth:	
Street Address		Home Phone:	
City, State, Zip		Player Cell Phone:	
Uniform Sizes: (Adult Male)	Jersey : S M L XL	Shorts: S M L XL	Socks: S L
Soccer Experience: Where and what position?			
INFORMATION ABOUT THE PARENTS			
Father's Full Name:		Home Phone	
Street Address (____ Same as Player)		Cell Phone:	
City, State, Zip		Work Phone:	
Father's Place of Employment			
Occupation			
Mother's Full Name:		Home Phone	
Street Address (____ Same as Player)		Cell Phone:	
City, State, Zip		Work Phone:	
Mother's Place of Employment			
Occupation			
INFORMATION ABOUT THE FAMILY			
Email Addresses: To be used for soccer information			
EMERGENCY CONTACTS AND HEALTH INSURANCE INFORMATION			
Physician:		Phone:	
Relative:		Phone:	
Health Insurance:		Phone:	
		Policy #:	
		Group #:	
<p>CONSENT AND WAIVER: I recognize and understand that soccer is a sport involving risks not encountered in every day play. With this understanding, and in consideration of River City Jaguars Home School Soccer (RCJHSS) permitting my child to participate in the high school soccer program, I covenant and agree to indemnify, hold harmless, and release and forever discharge the team, it's coaches, referees and other volunteers as are connected with River City Jaguars in any capacity, for any and all damages, losses, claims and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play soccer for RCJHSS program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or other emergency medical personnel. A copy of this authorization shall be as effective as the original.</p>			
Signature of Parent or Guardian _____ Date _____			