



Federal Way Mod Soccer Club June Jamboree Games 2009

Affiliated member of Federal Way Soccer Association & WA State Youth Soccer Association

June Jamboree Details:

- 4 games with referees – June 7th & June 14th
- U8 & U9 teams only (fall 2008 age brackets)
- Cost: \$12 per player if participate in Spring into Soccer
\$30 per player if did not participate in Spring into Soccer plus
\$12 additional State insurance fee if have not played in fall or spring programs
- Players register individually
- Club places players on teams – fall 2008 team if coach is participating in June event

Player Information:

Legal First Name: _____ MI: _____ Legal Last Name: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Home Phone: _____ E-Mail: _____

Gender: Boys: _____ Girls: _____ Age: U8: _____ U9: _____
Born Between 8/1/00 – 7/31/01 Born Between 8/1/99 – 7/31/00

Last Team Name: _____ Last Coach: _____ Closest Elementary: _____

Father's First Name: _____ Last Name (if Different): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Mother's First Name: _____ Last Name (if Different): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cost:

	Player Fee	<u>Amt. Paid</u>
U-8 August 1, 2000 - July 31, 2001 - Played Spring Soccer	\$12.00	_____
U-9 August 1, 1999 - July 31, 2000 - Played Spring Soccer	\$12.00	_____
U-8 August 1, 2000 - July 31, 2001 - No Spring Soccer	\$30.00	_____
U-9 August 1, 1999 - July 31, 2000 - No Spring Soccer	\$30.00	_____
State Insurance (required if child did not play in Fall 2008)	\$12.00	_____
Late registration fee (after March 1st)	\$20.00	_____
	Total Amount Paid:	_____

Registration – mail check and form to:

FWMSC, c/o Heather Hamashima
32910 3rd Ave SW
Federal Way, WA 98023

Deadline:

March 1st, 2009
Late fee of \$20 for registrations
received after that date

Questions:

253-529-7774, email: fwsoccerfamily@comcast.net
Website: www.federalwaysoccer.com

MEDICAL RELEASE FORM

As the parent/legal guardian of _____ I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Player Information:

Name: _____ Date of Birth: _____ Last Tetanus Booster: _____

Known Allergies (including medicine): _____

Any other medical conditions which should be noted: _____

Family Physician: _____ Phone (_____) _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

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Direct inquiries to:

	Girl's	Boy's
U8	Bob Gonzalez (253) 529-1072 gonzlezbobjudy@msn.com	Novella Fraser (253) 529-0458 venicka@yahoo.com
U9	Melissa Kreckman (253) 815-9330 morgankre@aol.com	Eric Poortvliet (253) 529-3517 eric_poortvliet@msn.com

For Office Use Only:

Age Group: _____ Team: _____ Birth Cert: _____ Fundraiser: _____
 Check #: _____ Amt: \$ _____ Date Received: _____ Scholarship: _____
 Date Parents Contacted: _____ Date Coach Contacted: _____