



Federal Way Mod Soccer Club 2010 Spring Mod Soccer Registration Form & Instructions

Registration Dates, Times and Locations

Dates	Time	Location
Monday, February 8	6:00 – 7:00 PM	Wildwood Elementary School, 2405 South 300 th St. Federal Way
Monday, February 22	6:00 – 8:00 PM	Wildwood Elementary School, 2405 South 300 th St. Federal Way

Instructions: For the spring season, there will be no on-line registration. Please bring the following items to one of the registration dates listed above.

- _____ This completed paper Registration Form (both pages 1 & 2)
- _____ Copy of Birth Certificate ONLY if child did not play in FWMSC last fall.
- _____ Cash, Money Order, or Check made payable to FWMSC for the player registration fee listed below.

Season: Each team will play 8 games on **Sunday's** between 12:00 and 4:30 pm beginning April 11th thru June 13th with no games played on Mothers Day or over Memorial Day weekend.

Player Fee:

	U6 (No Referees)	U7-U10
Child played soccer for WSYSA in Fall of 2009	\$30.00	\$60.00
Child did NOT play soccer for WSYSA in Fall of 2009*	\$42.00	\$72.00
Child of Head Coach or Board Member (1 per family)	Free	Free
Multiple Child Discount (for 3 rd or 4 th child in FWMSC)	Free	Free

* The \$12 additional charge is for player insurance through Washington State Youth Soccer Association (WSYSA).

Refund Policy: Prior to first game refunded registration fee minus \$10. No refunds after first game.

Volunteer Position Desired: Please check below if interested in:

Coach _____ Assistant Coach: _____ Team Parent: _____ Board Position: _____ Fundraiser: _____

Direct inquiries to:

	Girl's	Boy's
U6	Melissa Kreckman (253) 905-2794 kreckman@comcast.net	Kim Hurn (206) 714-4746 kimhurn@hotmail.com
U7	Gary Haven (253) 568-6916 gshaven@comcast.net	Kim Hurn (206) 714-4746 kimhurn@hotmail.com
U8	Kimberly Miller-Olson (253) 350-9036 kcplus5@comcast.net	Novella Fraser (253) 529-0458 venicka@yahoo.com
U9	Bob Gonzalez (253) 529-1072 gonzlezbobjudy@msn.com	Novella Fraser (253) 529-0458 venicka@yahoo.com
U10	Melissa Kreckman (253) 905-2794 kreckman@comcast.net	Jammie Hair (253) 839-5475 hairball15@msn.com

Web Site: www.federalwaysoccer.com

Please check out our web site. It is a great place to find valuable information about our Club and Association. You may verify your team's game schedule weekly for any possible changes!

For Office Use Only:

Player's Legal Name: _____ Birth Date: _____ Birth Cert Verified: _____
 Age Group: U-_____ Playing Up: Yes / No Team: _____
 Payment: Cash: _____ Check/Money Order #: _____ Coach/Multiple Child: _____ Amt: \$ _____
 Coordinator: _____ Date: _____

PLAYER REGISTRATION FORM

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

Address: _____ City: _____ Zip: _____

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

Gender: Boys: _____ Girls: _____ Age: U6: _____ U7: _____ U8: _____ U9: _____ U10: _____
Born Between Born Between Born Between Born Between Born Between
8/1/03 - 7/31/04 8/1/02 - 7/31/03 8/1/01 - 7/31/02 8/1/00 - 7/31/01 8/1/99 - 7/31/00

Fall 2009 Team Name: _____ Fall 2009 Coach: _____

Would you like for your child to stay on the same team? _____ Would you like your child to play up? _____
(Player placement will be according to the Federal Way Mod Soccer guidelines - player movement will be reviewed and approved by the board.)

Comments: _____

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

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

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

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

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:** _____

E-Mail: _____ **Phone Number:** _____

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Parents initial that this was read and understood _____