

## **FC PEORIA TRAVEL PLAYER REGISTRATION 2007-2008 SEASON**

Player's Name: \_\_\_\_\_ Sex: Male / Female (circle one)

FC Peoria Team: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Player's Birthday: \_\_\_\_\_ School: \_\_\_\_\_

Please list allergies or special needs: \_\_\_\_\_

### **Fee Structure**

I agree to pay in accordance with the terms of the payment option selected and understand failure to do so will forfeit playing rights unless other arrangements have been approved by the FC Peoria Board. **Fee waivers are available by calling (309) 579-3535 and asking for an "Application for Fee Contribution."**

### **Liability Waiver**

I understand that FC Peoria is providing my child with the opportunity to participate in both competitive and skills developmental soccer activities; and I further understand that there is always a risk of injury associated with participation in athletic events. Understanding the nature of the activity, I waive all claims against FC Peoria and Midwest Sports Complex, LLC, and the coaches, supervisors, and referees appointed by any of the foregoing entities for any injury to my child that relates to his or her participation in programs sponsored by said entities.

### **Medical Release**

I authorize FC Peoria and its coaches or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment, and if necessary, transport my child to the nearest medical facility.

### **Parent Involvement Policy**

I understand that FC Peoria survives on parent volunteerism. In order to maintain the grounds, prepare for games, and run tournaments efficiently, FC Peoria requires the participation of all families. On behalf of my family, I am willing to commit that we will spend a minimum of 10 hours, per player, on regular maintenance during the outdoor season and a minimum of 2 hours per player (maximum 4 hours) at FC Peoria tournaments.

### **Registration Statement**

By signing and dating this Registration Form, I agree to the Fee Structure, to the terms of the Liability Waiver, Medical Release and to the Parent Involvement Policy.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Volunteer Hours Buy Out (OPTIONAL)**

I choose to "buy out" of my volunteer commitment and I will pay at the time of registration \$200 per player to the Facilities Fund to do so. I understand that this does not dismiss me from my tournament commitment.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FC Peoria Directory** - \_\_\_\_\_ Check here if you do not want your name, address, home phone number and email address included in the FC Peoria Directory to be available for purchase (\$5) for all FC Peoria members.