



APACHE FUTSAL

ROHNERT PARK INDOOR SOCCER

Player Registration Form

Email: ApacheFutsal@comcast.net
Web: www.ApacheFutsal.com

Or call for information:
707-321-7587 (Susan)
Calls 9:00am - 9:00pm only, please

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
TELEPHONE: _____ BIRTHDATE: _____ SEX: _____
EMAIL: _____ 2nd EMAIL: _____

Soccer Experience (yrs played) **Futsal:** _____ **Outdoor :** Recreational _____ Competitive _____
(Not off-the-wall or arena soccer)

SHIRT SIZE: (circle one) **Youth:** Med Large **Adult:** Small Med Large XL

Adult/Teen sessions: If you're on the same color team as before, do you want another shirt? (circle) **Y or N** Thank you for being 'green'!

List player's medical problems or prohibitions (including Adults, including asthma):

NOTIFY IN AN EMERGENCY (complete for ALL players, including adult) :

Name of Doctor: _____ Phone: _____
Name of Person: _____ Phone: _____

Active participation is encouraged of parents or players. Circle areas in which you are willing to help:

Board Member Coach Referee Other: _____

TEENS: coach youth teams for Community Service credit! Your parent(s) must support your effort; for more info: [ApacheFutsal@comcast.net!](mailto:ApacheFutsal@comcast.net)

FOR MINORS ONLY

FATHER'S NAME: _____ Phone: _____
MOTHER'S NAME: _____ Phone: _____

*** * * CONSENT FOR MEDICAL TREATMENT * * ***

As the parent or Legal Guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Signature of Parent / Legal Guardian

ADDRESS (if different from above): _____

RELEASE: I, the Registrant, or Parent/Legal Guardian of the minor registrant, agree the Registrant and I will abide by the rules of the USFF, Apache Futsal, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with futsal and in consideration of the USSF accepting the Registrant for its futsal program and activities (the "Program"), I hereby release, discharge, and/or indemnify the USSF, its affiliated organizations, sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Program, and Apache Futsal board members and coaches, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

Registrant or Parent/Legal Guardian: _____
Print Name Signature Date

Names & ages of other players in family: _____

**** NO REFUNDS AFTER 1ST GAME PLAYED; ALL REFUNDS SUBJECT TO \$15 REDUCTION FOR LEAGUE COSTS & INSURANCE ****

LEAGUE USE ONLY

Minor: Birth date verified YES NO Registration Fee \$ _____ Amount Paid \$ _____
Comment: _____ Cash Receipt # _____ Check # _____
Age Group: _____ Coach: _____