



# ERIE FUTBOL CLUB



## Member Form

Current Year \_\_\_\_\_

Player Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ U- \_\_\_\_\_

Players Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Fathers Name \_\_\_\_\_ & Cell \_\_\_\_\_

Mothers Name \_\_\_\_\_ & Cell \_\_\_\_\_

Legal Guardian/Parent(s) Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Fathers Email \_\_\_\_\_

Mothers E-mail \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact 1 (name) \_\_\_\_\_ # \_\_\_\_\_

Emergency Contact 2 (name) \_\_\_\_\_ # \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medical Conditions \_\_\_\_\_

**\*All information above must be completed:**

### Medical Release

I verify my child is covered by medical insurance. He/She has been checked by a qualified physician and is physically able to participate in soccer activities. I understand that soccer has the physical risk of injury. I release Erie Futbol Club its employees, officers, agents, and hosting facilities from any damages and liabilities that may occur while my child is at tryouts, practices, games, tournaments and any other club function.

I have read and agree to the policies set forth in the Erie Futbol Club Membership and Financial Obligations Agreement.

Initials \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

