



2009 - 2010

INDIVIDUAL: REGISTRATION FORM

Foot Skills Classes: _____

Competitive League: _____

TCSC Club Team: _____

Recreational League: _____

BIRTH DATE: _____ - _____ - _____

Check One: Male _____ Female _____

AGE GROUP: (Circle one)

U- 6 (8/1/03 – 7/31/04)

U- 7 (8/1/02 – 7/31/03)

U-8 (8/1/01 – 7/31/02)

U-9 (8/1/00 – 7/31/01)

U-10 (8/1/99 – 7/31/00)

U-11 (8/1/98 – 7/31/99)

U-12 (8/1/97 – 7/31/98)

U-13 (8/1/96 – 7/31/97)

U-14 (8/1/95 – 7/31/96)

U-15 (8/1/94 – 7/31/95)

U-16 (8/1/93 – 7/31/94)

U-17 (8/1/92 – 7/31/93)

U-18 (8/1/91 – 7/31/92)

U-19 (8/1/90 – 7/31/91)

Player: Legal Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Contact (Home) _____ **(Cell)** _____

As the parent/legal guardian, of the above named player/child, I hereby release and hold harmless Tri-County Sports Complex Inc., and Mohammad Fard from any and all liability, for an injury or loss, I or my child may sustain, while participating in any program at the facility. I authorize the facility manager, director, or instructor to act according to their best judgment if I cannot be reached in the event of a medical emergency involving my child.

Signature of Parent or Guardian: _____

Name of Parent or Legal Guardian (Print): _____

Optional (E.mail) Contact: _____

Additional Contact (Optional): Parent Work/Cell Number: _____

4200 Logan Gate Road Youngstown Ohio 44505
Phone (330) 759-9800 Phone/Fax (330) 759-9801

Visit our Web Site: www.tcscsoccer.com