



Maine Metro F.C.
Premier Soccer
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FOOT SKILLS/SPEED & AGILITY REGISTRATION FORM

Player's Full Name _____ Boy Girl Birth Date _____

Address _____ City _____ State _____ Zip _____

Number of Speed /Agility Sessions: _____ (Minimum 6 sessions)

Session Start Date: _____

Father's Name: _____ Home Phone _____ Bus Phone _____

Mother's Name: _____ Home Phone _____ Bus Phone _____

E-mail Address: _____ *(Please print clearly)*

T-Shirt Size: AL AM AS YXL YL YM YS *(Please check the appropriate box)*

Doctor's Name _____ Phone _____

In an Emergency when parents cannot be reached, please contact:

Name _____ Relationship _____ Phone _____

List any medical problems or prohibition player has: _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Maine Metro F.C., its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Maine Metro F.C. accepting the applicant for its speed and agility programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Maine Metro F.C., its affiliated organizations and sponsors, the employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____

Parent/Legal Guardian (please print)

Signature X _____ Date: _____

Consent for Medical Treatment (Minor)

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 the life, limb, or well-being of my dependent.

Signature of Parent or Guardian:

X _____ Date: _____