## Player Profile (PLEASE PRINT)

Player's Name								
Player's Date of Birth		1 1						
Street Address		City, State, ZIP						
Email								
	Į.				<u>'</u>			
Mother's Name					Home Phone			
Mother's Address (if different than player)				Cell Phone				
City, State, ZIP					Е	Email		
Father's Name			Home Phone					
Father's Address (if different than player)						Cell hone		
City, State, ZIP						Email		
Team Playing Experience (most recent team/club first)		Dates of Play (e.g. 07-08, etc)	Position(s) Played (If more than one, circle "preferred" position)			Type of Team/League? (Rec, Church, Select, etc)		
#1								
#2								
#3								
Please Initial EACH BOX								
Refund Policy-Once you join Eureka FC there will be NO refund.								
RELEASE OF LIABILITY  Eureka FC does not carry or participate in any insurance contract whether for group or individually. No medical insurance of any type is provided. Parent/Guardian states and agrees that the minor child is adequately covered by insurance elsewhere and imposes no fault on Eureka FC or it's coaches or managers								
Eureka FC, the leagues transport them to/from tr	s and as youts, p signed	ssociations with wl practices, and gam Parent/Guardian c	hich they belong or s nes for any damages on behalf of himself/h	ubscribe, the or injuries	ne coaches to the child	, parent l as a re	s or any other indi sult of his/her part	demnify and hold harmless viduals including those who icipation in the Eureka FC nily agrees not to file any
Parent / Guardian Signature:								
For Club Use Only:		Reg #:		Shirt/Sh	hort:			Birth Certificate: