

Taughannock Soccer Club
P.O. Box 84
Trumansburg, NY 14886

Membership Application

Team Level (circle one): U6 U8 U10 U12 U14 U16 U19 Other _____

Player Name, Last: _____ First: _____

Address: _____

Phone: _____ Email address: _____

Birth date (mm/dd/yy): _____ Gender: M F School grade: _____ Years soccer: _____

Father: _____ Work phone: _____

Mother: _____ Work phone: _____

Would you help? Coach ___ Assistant Coach ___ Manage ___ Fund-raise ___

Field Maintenance ___ Uniforms ___ Program Coordinator ___

Emergency Contact (other than parent): _____ Phone: _____

Relationship: _____ Physician: _____ Phone: _____

List any allergies or medical conditions: _____

I, the legal guardian of the applicant ("player"), recognizing the possibility of physical injury associated with soccer and in consideration for the Taughannock Soccer Club (TSC) accepting the applicant into its soccer programs and activities, hereby release, discharge, and/or otherwise indemnify the TSC, its volunteers, its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used for TSC programs, against any claim by or on behalf of the applicant as a result of the applicant's participation in TSC programs and/or being transported to or from the same, which transportation I hereby authorize. The above applicant and I hereby give consent for emergency medical care provided by certified emergency care personnel, as necessary and within the limits of the emergency provider's training, or 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. I accept responsibility for payment of any such services provided.

We, the player and legal guardian of the player, agree that we will abide by the rules of the TSC, its affiliated organization and sponsors. We will conduct ourselves in a sportsmanlike manner whether as player or spectator, and accept that any form of physical or verbal behavior and demeanor that is not consistent with fair and friendly play will not be tolerated. We recognize that youth players are developing and, as such, need encouragement and learn best from good example. We will recognize and applaud all players and their efforts regardless of team. We will act respectfully toward coaches and officials; accepting that positive comments are welcome.

Signature of Parent/Guardian: _____ Date: _____

Annual membership fee (\$20). Program fees are additional and vary with the program.

Make checks payable to Taughannock Soccer Club, Inc.

Mail to: Taughannock Soccer Club, P.O. Box 84, Trumansburg, NY 14886