

One player per registration form only

Name _____

Address _____

City _____ Zip _____

Phone (home) _____ (cell) _____

Date of birth _____ Male Female

Parents name _____

Email _____

New player Returning player (team name) _____

Names of siblings enrolled in T.R.I.C. _____

We ask that all parents become involved in our soccer club as the club cannot function without manpower.

Please check below which areas you can be of assistance in.

Coach

Assistant Coach

Tournament Committee

Fund Raising

Team Mother

Field Maintenance

Teams and coaches are responsible for any fines and/or penalties incurred due to team league withdrawal or excessive red cards.

It is understood and agreed that neither T.R.I.C. nor any of its officers or agents of said club shall be liable for any act or thing in connection with said program. The club insurance will be a secondary insurance carrier.

Signature of parent _____ Date _____

PLEASE CHECK THIS BOX IF YOU PAID ONLINE

PLEASE DO NOT WRITE BELOW THIS LINE

Registration Fee Paid _____ Check # _____ Cash _____

Fund Raising Paid _____ Check # _____ Cash _____

Date _____ Raffle Book# _____