

Soccer Registration Form

2024 Player Registration Fee is \$25 per player

Player Information

Last Name _____ First Name _____

Address _____

City _____ State _____ Zipcode _____

Phone Number(____)____-____ Date of Birth _____ Male Female

T-shirt size: Small Med Large Any Known Allergies: _____

Current school/college or club affiliation: _____

Parent or Guardian Information

Father's Name _____ Alternate Phone (____)____-____

Mother's Name _____ Alternate Phone (____)____-____

List any medical problems or prohibition player has _____

Person to notify in emergency _____ Phone (____)____-____

Doctor to notify in Emergency _____ Phone (____)____-____

Important

I, or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Hildale City, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Hildale City accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge including the owners of fields and facilities utilized for the Programs, against any claims 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.

Player Signature _____ Date ____-____-____

Parent or Guardian Signature _____ Date ____-____-____

Helping Hildale's Youth Hit Their Goals

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