



# Forma de registro Fútbol de la Juventud 2017



Informacion del jugador (Por favor escribe el nombre como aparece en el acta de nacimiento)

SEXO M / F

Nombre, Segundo Nombre, Apellido

DIRECCION \_\_\_\_\_ CIVDAD \_\_\_\_\_ CODIGO POSTAL \_\_\_\_\_

TELEFONO \_\_\_\_\_ FECHA DE NACIMIENTO (MES/DIA/ANO) \_\_\_\_\_

EDAD hasta Sept 1, 2016 \_\_\_\_\_ GRADO \_\_\_\_\_ INFORMACION MEDICA \_\_\_\_\_

Estoy registrando a mi hijo en la siguiente liga division (chechar una):

\_\_\_ Ninos/Ninas 7-9    \_\_\_ Ninos 10-12    \_\_\_ Ninos 13-15    \_\_\_ Ninas 10-13

Septiembre 1 es la fecha limite en las edades.

\*Nota - Viajes podrian estar envueltos para todos los grupos de edades, dependiendo el numero de equipos.

Registration Fee of \$45.00 Paid by: ( ) Check # \_\_\_\_\_ ( ) Cash \$ \_\_\_\_\_ Hacer el cheque pagable a City of Hardeeville

Playera talla: (Marque una) YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Short talla: (Marque una) YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Le gustaria ser entrenador- each coach will receive one 1/2 price registration? SI NO (circule uno)

Informacion del padre (custodia legal)

Informacion de la madre

NOMBRE \_\_\_\_\_

NOMBRE \_\_\_\_\_

DIRECCION \_\_\_\_\_

DIRECCION \_\_\_\_\_

CIVDAD, ESTADO, CP \_\_\_\_\_

CIVDAD, ESTADO, CP \_\_\_\_\_

TELEFONO (casa) \_\_\_\_\_ (celular) \_\_\_\_\_

TELEFONO (casa) \_\_\_\_\_ (celular) \_\_\_\_\_

CORREO ELECTRONICO \_\_\_\_\_

CORREO ELECTRONICO \_\_\_\_\_

I. In consideration of the 2016/17 season, I, Parent or Guardian, of the above named candidate for a position in above mentioned Basketball program, hereby give approval for his or her participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, the organizers, sponsors, supervisors, participants and persons from any claim arising out of an injury to the boy/girl. I also grant permission to managing personnel or other league representatives to authorize medical care from any licensed physician, hospital, or medical clinic should the boy/girl become ill, when neither parent is available to grant authorization for emergency treatment. I agree to return upon request equipment issued to the boy/girl in as good a condition as when received except for normal wear and tear. I will furnish a certified birth certificate of the above named candidate upon request by league officials.

## II. APOYO DE LOS PADRES/TUTORES...

\_\_\_\_\_ Estoy de acuerdo en voluntariar mi tiempo a discrecion de los organizadores de la liga en los dias que el equipo me asigne

\_\_\_\_\_ Escojo no voluntariar y planeo pagar el costo extra de \$50.00 dolares

By signing below, I acknowledge that I have read and agree to Items I. and II. above.

X \_\_\_\_\_

Padre/tutor firma