



**JUNIOR EAGLES
SIGNUP
Fall 2008 – Spring 2009
www.EaglesSoccer.org**

_____ U-_____	_____	BOY OR GIRL (circle one)
Name	Date of Birth	
_____	_____	_____
Player's Home Address	City	Zip Code
_____	_____	_____
Player's Home Telephone Number	Home Email Address	
_____	_____	
School in the Fall	Grade in the Fall	
_____	_____	
Current team	Typical position	
_____	_____	
Father's Name	Mother's Name	
_____	_____	
Phone Number (Work)	Phone Number (Work)	
_____	_____	
Father's work email	Mother's work email	
_____	_____	
Father's cell number	Mother's cell number	
_____	_____	

Parent volunteers are an essential part of a successful team. Volunteer positions include: team administrator, referee caller, social director, and web site administrator. If you are willing to fulfill any of these positions during the year please indicate which parent and what position below.

The undersigned parent or guardian gives permission for the above named individual to participate in Eagle SC Junior program. I understand that soccer is a physical sport. I understand that there are risks of injury and I assume all risks in connection with the above name individual's participation in this activity. I hereby release, discharge and otherwise indemnify Eagles Soccer Club and the City of Upper Arlington, their affiliated organizations, and sponsors, their employees and volunteers and associated personnel for any and all claims, demands and damages for injuries sustained to persons and property of the individual named above that may result from participation, practice and play in Eagles Soccer Club.

Signature of parent or guardian: _____
Date: _____