



# HABESHA UNITED SOCCER TEAM MEMBERSHIP REGISTRATION FORM

Today's date:			
<b>PLAYER INFORMATION</b>			
Player last name:	First:	Middle:	<input type="checkbox"/> M <input type="checkbox"/> F   Birth date
Street address:		Home phone no.:	
		(   )	
P.O. box:	City:	postal Code:	
<b>PARENT OR GARDIAN INFORMATION</b>			
Last Name	First Name	Address (if different):	Cell phone no.:
		(   )	
Is the registered player has any allergy or medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain	
Email address:		phone no.:	
		(   )	
<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):	Relationship to parent or player	Home phone no.:	
		(   )	
<p><b>Parental Consent</b> To Player The Undersigned parent or legal guardian of the above player. Do here by consent and agree that the above named minor may participate in the Habesha United Soccer program competitive soccer Club. It is agreed that the named club assumes no responsibility for permanent injury's and potentially death as a result of such participation, or in traveling to and from such participation. It is further agreed. Participants will abide by all rules regulations and code of conduct by Habesha United by law.</p>			
<i>Parent /Guardian signature</i>		<i>Date</i>	