

**Gilbert Soccer Club  
Skills Assessment Registration Form**

Player Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth-date: \_\_\_\_\_ Age on July 31, 2011 \_\_\_\_\_

Is there a day(s) of the week you are unavailable for games? List here: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**WAIVER:** Recognizing the possibility of injury associated with the sport of soccer and the Gilbert Soccer Club Skills Assessment, I hereby grant permission for (Child's Name)

\_\_\_\_\_

to receive medical treatment if needed. Therefore, I will assume the financial responsibility for any medical treatment that my child receives. Additionally, I will not make any claims against the Gilbert Soccer Club and/or its' staff in the event of an injury. My child is in excellent physical condition and is allowed to participate in strenuous activities such as soccer. I give permission for my child to participate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any illnesses, allergies or other health concerns that we should know about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i><b>GSC Official Use Only</b></i>		
Payment:	Cash: _____	Check # _____
Player Number: _____		