

# FC TIPPECANOE

## Tryout Registration Form

Name: \_\_\_\_\_ Gender (circle):  M  F DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ (day month year)  
Email Address: \_\_\_\_\_ @ \_\_\_\_\_ You may contact my child via e-mail (circle):  Yes  No  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_  
Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_  
School next Sept: \_\_\_\_\_ Grade next Sept: \_\_\_\_\_

Age Group	Shirt Size	Shorts Size	Shoe Size
Age on July 31 will be ---> _____	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Small	<input type="checkbox"/>
<input type="checkbox"/> U09 = 8 yrs old on July 31	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Medium	
<input type="checkbox"/> U10 = 9 yrs old on July 31	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Youth Large	
<input type="checkbox"/> U11 = 10 yrs old on July 31	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Small	<b>Jersey # Preferred</b>
<input type="checkbox"/> U12 = 11 yrs old on July 31	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Medium	
<input type="checkbox"/> U13 = 12 yrs old on July 31	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult Large	<input type="checkbox"/>
<input type="checkbox"/> U14 = 13 yrs old on July 31	<input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Adult X-Large	
	<input type="checkbox"/> Adult XX-Large	<input type="checkbox"/> Adult XX-Large	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

### Medical Information

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Medical History (allergies, medications, special conditions, etc): \_\_\_\_\_

### Authorization for Emergency Medical Treatment

#### PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred doctor; (2), or preferred dentist, or in the event designated doctor or dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

*NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.*

Participant Name: \_\_\_\_\_  
Print Name

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

#### PART II REFUSAL OF CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Tipp City Youth Soccer Inc. or FC Tippecanoe to take no action, or perform the following actions:

Actions to be Performed: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
Print Name

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