



**TAP FUTBOL CLUB
PLAYER REGISTRATION FORM**
P.O. BOX 15142, ALEXANDRIA VA 22310
WWW.TAPFC.COM
TAP HOTLINE 202-263-3663



Last Name:		First Name:		Initial:	Sex:
Mailing Address:		City:	State:	Zip:	
Home Phone:		Date of Birth: Month / Day / Year		Email Address:	
Father's Name:				Occupation:	
Mother's Name:				Occupation:	
List any Medical Problems:					
Person to Notify in an Emergency:				Phone:	
School:				Grade:	
Prior Years Played Soccer:		League:		Height:	Weight:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the TAP Futbol Club, Inc. (TAP) its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for TAP accepting the registrant for its soccer club and activities (the "TAP Futbol Club"), I hereby release, discharge and/or otherwise indemnify TAP, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for and by the "Club", against any claim by or on behalf of the registrant as a result of the registrant's participation in the "TAP Futbol Club" and /or being transported to and from the same, which transportation I hereby authorize. I, the Parent/Guardian further consent to pay all Club, League, State and Training fees/dues owed TAP FC and is liable for all such fees. Failure to pay such fees could result in legal action for collections.

Name _____
Parent/Legal Guardian (Please Print)
Signature _____
Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian

Address _____

City _____ State _____ Zip _____

Phone _____ Bus. _____

Uniforms:				Parental Support: TEAM / CLUB						
	YOUTH SIZE			ADULT SIZE			<input type="checkbox"/> Team Manager	<input type="checkbox"/> Equipment Coordinator		
	XS	S	M	L	S	M	L	XL	<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Tournament Coordinator
Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Club Representative	<input type="checkbox"/> Fund Raising Committee
Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Sponsor
Please check the correct size for the player.				<input type="checkbox"/> Referee	<input type="checkbox"/> Phone Tree					

Other Information:

Updated March 1, 2006

If registering by mail, return your registration form(s) to the TAP Futbol Club, P.O. BOX 151412, ALEXANDRIA VA 22310