



## Fillmore Eaglets Summer Soccer Program



### 2-Sided Registration Form

For: Kids entering Kindergarten, 1<sup>st</sup>, and 2<sup>nd</sup> grade in September.

Players must live in district OR attend FCS. Players must turn 5 before December 2.

**Shin guards are required**

**Where:** Fillmore Central School (Field between playground & turf field)

**When:** 7 Sessions (July 7, 10, 14, 21, 30 & August 4 and 11)

**Time:** Each session is from 6:30-7:30 pm. Please arrive 5-10 minutes early.

**Cost:** \$15 per player

Player Name (Please Print): \_\_\_\_\_

Child's Grade in **September 2025:**      Kindergarten                      1<sup>st</sup>                      2<sup>nd</sup>

Best Contact Phone Number (with area code): (\_\_\_\_\_)\_\_\_\_\_

Can we text this #?      Yes              No

T-Shirt Size (Yours to keep; all youth sizes 😊)

**X-Small**

**Small**

**Medium**

**Large**

**X-Large**

1. **TAKE A PICTURE OF THIS FORM FOR YOUR RECORDS**
2. Fill out the front and back of this form.
3. Place in envelope addressed to "Mr. Fuller - Soccer" w/ payment and return to  
Fillmore Central by **WEDNESDAY, JUNE 25.**
4. If paying by check, make check out to **FILLMORE YOUTH SOCCER.**
5. Payment **must** be with this paper. We **cannot register** without payment.
6. Keep attached info sheet and choose your electronic communication method(s).

Recognizing the possibility of injury, death or illness, while playing soccer, and in consideration for Fillmore Youth Soccer (FYS) accepting my child, \_\_\_\_\_, as a player in the soccer programs and activities sponsored/offered by FYS, I consent to my child participating in the FYS soccer program. Further, I hereby release, discharge and otherwise indemnify FYS, Fillmore Central School, associated personnel and volunteers, including the owner(s) of fields and facilities utilized by/for FYS soccer programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the FYS program and/or being transported to/from FYS sponsored activities. I hereby assume all responsibility in transporting my child to/from FYS games/practices/events.

**PLAYER NAME** \_\_\_\_\_ **Birthday** \_\_\_\_\_

Insurance Company & Phone #: \_\_\_\_\_

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

Street Address of Player: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent Phone Number(s): \_\_\_\_\_

Known medical problems and/or allergies:

**Emergency Contact #1**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

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