

# FC Torjäger Developmental Youth Soccer League Player Registration Form



Player's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

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

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Phone: (home) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

# Medical Information

Name of Minor \_\_\_\_\_ DOB \_\_\_\_\_

Medical Insurance Co. Name & Policy Number:  
\_\_\_\_\_

*Emergency Phone Numbers:*

Father work: \_\_\_\_\_ cell: \_\_\_\_\_

Mother work: \_\_\_\_\_ cell: \_\_\_\_\_

*In an emergency; if parents cannot be reached notify:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Known Allergies \_\_\_\_\_

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Last tetanus shot or booster shot \_\_\_\_\_

List of medications currently taking \_\_\_\_\_

*I, \_\_\_\_\_ undersigned parent or guardian, do hereby authorize FC Torjager to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. I release the FC Torjager, and all their affiliated entities, and the Auburn University Montgomery from any and all liability, claims, demands, and causes of action for personal injury or loss suffered by my child in connection with participation in this league. I, undersigned parent or guardian also certifies that my child is physically fit to participate in all league training and matches.*

\_\_\_\_\_  
*Parent or Guardian Signature Date*

**Please complete this form.**

**Mail or email the form along with a copy of your birth certificate and a check (made out to FC Torjäger) to our office.**

**FC Torjager c/o Jane Koch**

**130 Arrowhead Drive**

**Montgomery, AL 36117**

**334-224-2552**

**Email: [janekoch@fctorjager.com](mailto:janekoch@fctorjager.com)**

