

# Fall 2010 Registration

# FUTBOL CLUB OF CARY

2731 NC HWY 55 #289, Cary, NC 27519

website: [www.fccary.com](http://www.fccary.com) e-mail: [soccer@fccary.com](mailto:soccer@fccary.com) phone: (919) 413-8821



## Fall 2010 Co-ed Recreational Youth Soccer Registration

**Registration Fee: \$75 (all ages U05-U17)**

**Season Dates: August-November 2010 Location: Cary/Apex/Morrisville Area**

**Open Registration:** Registrations are processed on a first-come-first-serve basis. New U05 players must be 4 by August 1<sup>st</sup>, 2010.

- You will be contacted by your coach prior to the start of practices. Check the website frequently for updates.
- **Refunds may only be requested for relocation or injury prior to the first game of the season, minus a \$20 cancellation fee.**
- Returned checks are subject to a \$20 finance fee.
- Applications will be returned if incomplete or illegible.
- Each sibling must have a separate form (additional forms may be downloaded from [www.fccary.com](http://www.fccary.com)).
- E-Mail confirmation of registration form will be sent by FC Cary upon receipt. We will not reply to confirmation e-mails returned from spam filters.

**Player info:** Played Spring 2010? Yes \_\_\_ No \_\_\_ If yes, Team Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Player Name: \_\_\_\_\_ Date of Birth(mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zipcode)

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
(home) (work/mobile)

Parents' Names: \_\_\_\_\_

**Volunteer: Parents** - You are an important part of this league...you are wanted, needed and invited to volunteer! A coaching clinic is provided and you have our total support to make your coaching experience fun and rewarding!  
Yes! I would like to volunteer:

Parent Name: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Asst Coach: \_\_\_\_\_

E-mail of Volunteer Coach: \_\_\_\_\_

### Waiver: **WAIVER OF LIABILITY / CONSENT TO PARTICIPATE**

I, the undersigned parent/guardian, understand that physical contact is made during soccer training and matches and that I and the player accept the inherent risks. My son/daughter is in good health and able to fully participate in competitive soccer. I hereby give my permission for him/her to participate in Futbol Club of Cary. Further, recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Futbol Club of Cary, it's Board of Directors, sponsors, and the Town of Cary, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Mail it in!** Please mail completed form and \$75 registration fee (payable to FC Cary) to:

FC Cary  
2731 NC Hwy 55 #289  
Cary, NC 27519

**Only registrations mailed to this address will be accepted. All registration forms are processed by the postmark date.**