



# ApacheFutsal

Rohnert Park  
ApacheFutsal.org  
ApacheFutsal@gmail.com  
(707)285-7082.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: M/F

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email : \_\_\_\_\_

2nd Email: \_\_\_\_\_

**Soccer Level:**  **Learning League ( 4-6)**      **Years of soccer experience:** \_\_\_\_\_ **Outdoor**

**Youth (7-9)**      \_\_\_\_\_ **Indoor**

**Youth (10-12)**      \_\_\_\_\_ **Futsal**

**Teen (13-16)**

**Adult Recreational(16+)**

This player is requesting\* to be on the same team as: \_\_\_\_\_

\*All Apache Futsal players will be placed on teams via a draft system. We believe in providing a safe and balanced skill environment to ensure fairness, and fun. Players may request one person to be on their team; however, only family members will be guaranteed their requests. Please be advised, pending enrollment numbers, not all leagues may be feasible and the youth leagues may be combined. In this circumstance, full refunds will be offered to affected players.

**Shirt Size: (Circle ONE)**

    Youth MED      Youth LG      **OR**      Adult SM      Adult MED      Adult LG      Adult XL

**~Volunteers make a huge impact~** We have a variety of opportunities for volunteers, and welcome those who'd like to contribute to our futsal world. We also offer community service hours!

Are you (player/parent/other) interested in one or more of these? (circle)

~Board Member    ~Coach    ~Referee    ~Scorekeeper    ~Setup Crew    ~Marketing team

~Other - \_\_\_\_\_

# Emergency Form

Asthma: yes      no      If yes, please bring your inhaler to every game.

Previous major injury (s) that may affect playing capabilities: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## Emergency Contacts: (ALL PLAYERS MUST FILL OUT)

Name of Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Phone number: \_\_\_\_\_

### FOR MINORS ONLY

Parent: \_\_\_\_\_ M/F Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ M/F Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ M/F Phone: \_\_\_\_\_

#### \*\*\*\*\*CONSENT FOR MEDICAL TREATMENT\*\*\*\*\*

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 a life, limb, or the well-being of my dependent.

Signature: \_\_\_\_\_

**RELEASE:** I, the Registrant, or Parent/Legal Guardian of the minor registrant, agree the Registrant and I will abide by the rules of the USFF, Apache Futsal, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with futsal and in consideration of the USSF accepting the Registrant for its futsal program and activities (the "Program"), I hereby release, discharge, and/or indemnify the USSF, its affiliated organizations, sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Program, and Apache Futsal board members and coaches, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

**Registrant or Guardian name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### LEAGUE USE ONLY

Registration Fee: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

League: I / R / C / A Age: \_\_\_\_\_ Coach: \_\_\_\_\_ Comment: \_\_\_\_\_

**\*\* NO REFUNDS AFTER SCHEDULES ARE OUT; ALL REFUNDS SUBJECT TO PROCESSING FEES, AND REQUIRE BOARD APPROVAL.**