

Holland Soccer Club
PO Box 321, Holland, NY 14080
www.hollandsoccerclub.net

REGISTRATION \$30	
<u>EXHIBITION</u>	
<u>MEN'S</u>	<u>WOMEN'S</u>
<i>Circle One</i>	

PLAYER REGISTRATION FORM

For Participation in Holland Alumni Soccer Game
All proceeds to benefit the Sam Pagano Memorial Scholarship

Player Name: _____ Year of Graduation _____

Street Address: _____ Male: _____ Female: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____ Text **Y or N**

Primary E-Mail Address: _____ Shirt Size _____

Medical Release and Consent for Medical Treatment

Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the Holland Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including but not limited to the owners, lessors, lessees of fields and facilities against any claim as a result of my participation in the Alumni Games and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my 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 myself.

Player Signature: _____ Date: _____

Person to Notify in an Emergency: _____ Phone: _____

Please return form along with payment to: PO BOX 321, Holland, NY 14080
Or register by email: hollandsoccerclubny@gmail.com and pay @ Holland Soccer Club Facebook Event Page