



# CLEVELAND INFERNO MEMBER FORM

## PLAYER INFORMATION

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ Age \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ CONTACT # \_\_\_\_\_

PREVIOUS CLUB(S) \_\_\_\_\_

## MOTHER INFORMATION

FULL NAME: \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## FATHER INFORMATION

FULL NAME \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## OTHER INFORMATION

MOTHERS DATE OF BIRTH (NEEDED FOR PLAYER REGISTRATION) \_\_\_\_\_

HAVE ALL FINANCIAL OBLIGATIONS BEEN MADE TO PREVIOUS CLUBS AND/OR TEAMS? YES NO

I verify my child is covered by medical insurance. She has been checked by a qualified physician and is physically able to participate in soccer activities. I understand that soccer has the physical risk of injury. I release The Cleveland Inferno its employees, officers, agents, and hosting facilities from any damages and liabilities that may occur while my child is at tryouts, practices, games, tournaments and any other club function.

I have read and agree to the policies set forth in the Cleveland Inferno Financial Obligations Agreement YES NO

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