

**SUMMER TRAINING PROGRAM  
REGISTRATION FORM**

Participant Name \_\_\_\_\_ M F

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name and Phone Number  
\_\_\_\_\_

Participant's Age as of 08/01/09 \_\_\_\_\_ Fall school grade \_\_\_\_\_

\_\_\_\_\_ We request a scholarship application be sent to our address

**Please Circle:**

Session:                      One                      Two                      Both

Location:                      Truckee                      Tahoe Vista

Age Group:                      LK                      JP                      INT                      COMP                      HS

**Liability Release**

I hereby authorize the staff of Sierra Mountain Soccer Club's Summer Training Program to act for my child according to their best judgment in any emergency requiring medical attention and I hereby waive and release S.M.S.C. from any and all liability for any injuries or illnesses incurred while at the program. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the program as outlined in the brochure.

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

\_\_\_\_\_  
Date

**Mail registration form and payment to:**

**Sierra Mountain Soccer Club  
PO Box 4000  
Truckee, CA 96160**