



華人特殊兒童之友

Friends of Children with Special Needs

2300 Peralta Blvd., Fremont, CA 94536
Website: www.FCSN1996.org, (510) 739-6900

Together, let's build a community of love, hope and respect for our special children.

Child's Name: _____

Age

2008 SUMMER FCSN CHILDREN SOCCER PLAYER REGISTRATION FORM

Please print legibly

Player's Last Name:	Age:	First Name:	MI:
DOB:		Sex: (M or F)	
Father/Guardian Last Name:	Cell Phone:	First Name:	MI:
Home Phone:		Email:	
Mother/Guardian Last Name:	Cell Phone:	First Name:	MI:
Home Phone:		Email:	
Emergency Contact:	Emergency Telephone:		

The Cost of the Soccer Camp is \$40 per child. Please make check payable to "FCSN".

Please answer the following questions as they apply to your child. All information on this form is held strictly confidential and is used solely for the purpose of child placement in the e-Soccer program.

1. Has your child participated in a group soccer program before? If yes, please describe type of program and length of play:

2. Does your child have a "special need" or medical diagnosis related to their ability to participate in a sports program?

Yes (Please answer questions 3,4)

No (Please proceed to question 5)

3. Please check the following that apply to your child:

ADD/ADHD

High functioning Autism or Asperger's Syndrome

Moderate to Severe Autism

Down's Syndrome or other developmental disability

Cerebral Palsy

Other: _____

4. Please indicate the percentage of one to one instruction you feel your child will need to successfully participate in a group:

0-25% (Child can follow direction of coach to whole group with no little to no individual assistance.)

25-50% (Child is fairly independent in following instruction but may need some extra assistance.)

50-75% (Child needs a coach directly assisting or monitoring them over half of the time.)

75-100% (Child needs either a coach directly assisting or monitoring them almost or all the time.)



華人特殊兒童之友

Friends of Children with Special Needs

2300 Peralta Blvd., Fremont, CA 94536

Website: www.FCSN1996.org, (510) 739-6900

Together, let's build a community of love, hope and respect for our special children.

5. Please check the top 3 most important goals for your child's participation in E-Soccer:

- Inclusion/social interaction
- Balance and coordination
- Strength and endurance
- Gain skills for play in regulation competitive soccer games.
- Effort, determination, and perseverance
- Empathy, acceptance, kindness,
- Selflessness
- Leadership development/Train to become junior coach
- Other: _____

Child's Name: _____

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardians of the above participant, a minor, hereby authorize the coaches, volunteers, the above identified Emergency Contact and/or other Exceptional Children Soccer Officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment. **DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER:** I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above participant, our heirs, assigns and next of kin, acknowledge that participation in Exceptional Children's Soccer involves a level of risk of physical injury. For me, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk. In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above participant, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless Exceptional Children Soccer, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any Exceptional Children Soccer sponsored event, including physical or other injury caused by the negligence of any such person while performing his/her duties at any time. **ACKNOWLEDGEMENT AND CONSENT:** For both internal and external use, I acknowledge that Exceptional Children Soccer and other affiliates may compile and use addresses and/or sport related photographs and/or video clips of the above named individual. I consent to such uses and hereby waive all rights to compensation. **I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PARTICIPANT.**

Parent/Guardian Signature:

Date: