



# **FOSTER CITY INDOOR SOCCER**



## **Winter Indoor Soccer League for Boys and Girls Ages 6-12**

### **Format:**

**6 vs. 6 (including goalies)**  
Modified outdoor rules played inside.  
The gym is large and the surface is very nice  
Sign-up with a friend and play on the same team

### **League Dates:**

**Saturdays**

Jan. 2, 9, 23, 30 Feb. 6, 20 Mar. 6, 13, 20, 27  
8 games played over 10 Saturdays



### **Game Times:**

1:30, 2:30 3:30, 4:30, 5:30 and 6:30

### **Location:**

**Brewer Island Gym**  
1151 Polynesia  
Foster City, CA 94404

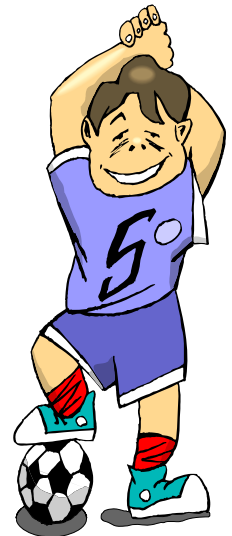
### **Registration Fee:**

**\$70 per player/\$75 per Non-Resident**  
(registration fee includes uniform t-shirt)

**Activity 1794.021**

### **Registration deadline:**

**December 15, 2009**



Return player registration form (reverse side) to 650 Shell Blvd, Foster City, CA 94404. Include \$70/\$75 registration fee (checks made out to City of Foster City) with registration form.

**Questions? Contact Manny Hernandez at 650-286-3392 or email [mhernandez@fostercity.org](mailto:mhernandez@fostercity.org)**

**\*This event is not sponsored by the Foster City/San Mateo School District.**



# FOSTER CITY INDOOR SOCCER LEAGUE



## PLAYER INFORMATION AND MEDICAL RELEASE

### PLAYER INFORMATION:

\_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
PLAYER'S FULL NAME

\_\_\_\_\_ HOME PHONE \_\_\_\_\_  
STREET ADDRESS (AND CITY, IF NOT FOSTER CITY)

### PARENT OR GUARDIAN INFO:

\_\_\_\_\_ PARENT E-MAIL \_\_\_\_\_

\_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
FATHER'S FULL NAME

\_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
MOTHER'S FULL NAME

### MEDICAL/EMERGENCY INFO:

(IN CASE OF EMERGENCY AND YOU CANT NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING).

\_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
NAME

\_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
NAME

\_\_\_\_\_ PHONE \_\_\_\_\_  
DOCTOR'S NAME

\_\_\_\_\_ PHONE \_\_\_\_\_  
DENTISTS NAME

\_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
INSURANCE PLAN

\_\_\_\_\_ OTHER (ANY OTHER MEDICAL INFORMATION ABOUT THE PLAYER THAT SHOULD BE NOTED)

\_\_\_\_\_ SPECIAL REQUESTS

(WE WILL ATTEMPT TO ACCOMMODATE YOUR REQUEST, BUT NO GUARANTEES WILL BE MADE)

**PARENT'S MEDICAL RELEASE:** In case of emergency, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize and give my give permission for the team manager, adult coach, assistant coach, or any parents of team members acting in the capacity of supervisor, to have my/our child treated by any licensed emergency medical technician, physician, dentist, and/or hospital. In the event there is an emergency and I cannot be reached, please contact the people or persons listed above immediately. Recreational Opportunities for Persons with disabilities: Persons with disabilities are welcome to participate in any class or activity offered. If you have any special needs related to participating in an activity, please attach a note to your registration form. We will make reasonable efforts to accommodate your special needs. I herby agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result of my participation in the above activities. In the event that the above named participant is a minor I hereby give my permission for his/her participation in the above listed activities and also agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise from said minor's participation in such activities. I understand that the above named activities may involve risk or accidental injury and hereby voluntarily assume such risks. If the participant is a minor the parent or guardian must sign below.

\_\_\_\_\_ MR./MRS.

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
RELATIONSHIP