



CLUB MEMBERSHIP APPLICATION

Picture here

CHECK & indicate an applicable team(s) wish to play for:

Adult Team: _____

Youth Team: _____

OTHER (Please specify): _____

Date: _____

For club use only

INDIVIDUAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE... HOME: _____ WORK: _____ CEL: _____

EMAIL ADDRESS: _____

(Please print clearly)

DO YOU WANT A CLUB EMAIL ADDRESS? YES NO
If yes, indicate your preference:@vaietesoccer.com

SOCIAL SECURITY #: _____ BIRTHDAY: _____

CITIZENSHIP: _____ BIRTH PLACE: _____

SHIRT SIZE: _____ JERSEY #: _____ SHORT SIZE: _____ SHOE SIZE: _____

PLAYER'S CORNER

My goals in soccer are:

Please indicate the number of years playing soccer...

	<u>YEAR(S)</u>	<u>POSITION PLAYED</u>	<u>NAME</u> (High School, College, Club)
CURRENT SCHOOL:	_____	_____	_____
COLLEGE:	_____	_____	_____
COLLEGE:	_____	_____	_____
CLUB:	_____	_____	_____
CLUB:	_____	_____	_____

I, (_____) waiving all responsibilities and understand the following;

Print your name

Acknowledge that the above information is true and that I will comply with all the general rules and ethics of the club.

I should be aware of the possible risks that are inherent in the nature of this sport, soccer, within this organization. There risks included, but not limited, to the potential for accidents or illness while participating. Every attempt is made to minimize the existing risks through proper sports and field equipments, safe facilities, and sound safety practices. However, I should be aware and realize that these risks cannot be eliminated, therefore, by affixing my name to this application and/or your physical presence to any events conducted by the Vaiete Soccer Club, I am participating in Vaiete Soccer Club Hawaii, USA at my own risk, and hereby agree to indemnify and hold harmless my club, its officers, coaches, administrative staff, directors, its sponsors, owners and all other related individuals and/or organizations from any liability in connection with Vaiete Soccer Club Hawaii, USA. I will agree to pay the current annual membership fee of \$40 and I will take full responsibility to pay all related fees imposed by the team(s) that I will be assigned to including, if applicable, coaching fees. Prior leaving the club, I will pay all outstanding fees. I am voluntarily accepting the above terms and have read and understand the above statements and will carry them out to the best of my abilities.

If you are a minor, please indicate relationship prior to sign for accepting and approval:

_____ Print name of Parent and/or legal guardian

Signature of acknowledgement

Date