



U10 Evaluation Information Packet

Please complete this form and bring the following items identified below to the U10 evaluation session. Should you have any questions please contact the Haddam-Killingworth Soccer Club President. Additional information may also be posted on the Haddam-Killingworth Soccer Club website at www.HKsoccer.org

The HK Soccer Club will notify players and their parents regarding team assignments.

Player Information:

| | |
|--------------------------|--|
| Player's name: | |
| Birth date: | |
| Current Grade in School: | |
| Address: | |
| Phone Number(s): | |
| E-Mail Address(es): | |
| | |
| Parent's Names: | |
| | |

I give my child permission to participate in the Haddam-Killingworth Soccer Club evaluation session and in the upcoming travel season. I understand that soccer is a competitive sport in which injury may occur and, therefore, the Haddam-Killingworth Soccer Club is not liable for injuries that may occur under normal circumstances of the sport.

Parent's signature

Date

Photograph Policy

The Haddam-Killingworth Soccer Club may use photographs of soccer club members, including children who are members of club teams, on the HK Soccer Club website, in promotional materials for the Club, in newspaper articles and advertisements. If a player and/or parent of a player does not want that player's photograph to be used by the Haddam-Killingworth Soccer Club, the club must be notified in writing.

Please bring the following information to the evaluation session:

- HK Soccer Club fee of \$85.00.
Please make you check payable to the HK Soccer Club.
- Small photo of player....preferably a 1"x1" headshot
- Copy** of the player's birth certificate
- Completed Medical Release form

New Player Uniform Information

Only new players need to complete this section:

Shirt size: Youth Large
 Adult Small Adult Medium Adult Large Adult Extra Large

Short size: Youth Medium 22-24" waist
 Youth Large 24-26" waist
 Adult Small 28-30" waist
 Adult Medium.....32-34" waist
 Adult Large.....36-38" waist
 Adult Extra Large...40-42"waist

Medical Release

Please fill out this emergency card and return to your coach. This will be kept on file for the season so that we will know whom to contact in case of emergency.

Player Name _____ **D.O.B.** _____

Address _____ **Phone** _____

Social Security # _____

Mother _____ **Phone** _____

Employer _____ **Address** _____ **Phone** _____

Father _____ **Phone** _____

Employer _____ **Address** _____ **Phone** _____

Guardian _____ **Address** _____ **Phone** _____

Employer _____ **Address** _____ **Phone** _____

If one of the above cannot be contacted, call:

Name _____ **Phone** _____

Family Physician _____ **Phone** _____

If the family, guardian or family physician cannot be reached, do you give permission to use a local doctor/health care facility _____

Any health problems such as allergies, asthma, drug reactions, diabetes, etc.

Please specify _____

Name of medical insurance company _____

Policy Number _____

Group Name or Number _____

Signature of person responsible for payment _____

CJSA Membership number _____

In case of a serious accident, one which requires prompt medical attention, do we have your permission to take your child to the nearest health care facility if we are unable to contact you, after good faith effort has been made at contact.

Signature of parent/guardian _____