



# Junior Academy

NIKE PREMIER CLUB

## REGISTRATION CHECK LIST

Once your player has been observed by an FC Portland coach and encouraged to join the Jr Academy Program, please bring or send the following items to the FC Portland Academy office to complete the registration process:

- Completed 2011-2012 Player Registration Form *(attached)*
- Completed Youth Club Registration Confirmation Form *(attached)*
- Copy of Player's Birth Certificate
- Copy of Small Player Photo *(1-inch square, if available)*
- Valid US Club Soccer Player Card *(if currently registered through another US Club Soccer program)*
- Check / Cash / Credit Card for fees and gear kit

## JUNIOR ACADEMY TRAINING CALENDAR

<b>Spring 2011</b>	<i>(January 16-April 15):</i>	Includes 2 outdoor training sessions per week and <i>(if available)</i> Sunday games
<b>Summer 2011</b>	<i>(May 16-July 31):</i>	Includes 2 outdoor training sessions per week and possible tournament play
<b>Fall 2011</b>	<i>(August 1-October 31):</i>	Includes 2 outdoor training sessions per week and <i>(if available)</i> Sunday games
<b>Winter 2012</b>	<i>(December 1-January 15):</i>	Includes 1 indoor Jr Futsal training session per week for 4 or more weeks
<b>Spring 2012</b>	<i>(January 16-April 15):</i>	Includes 2 outdoor training sessions per week and <i>(if available)</i> Sunday games

### AGE ELIGIBILITY CHART

*Ages Groups according to the 2011-2012 US Club Soccer Calendar*

<b>U7 Players:</b>	08/01/2004—07/31/2005
<b>U8 Players:</b>	08/01/2003—07/31/2004
<b>U9 Players:</b>	08/01/2002—07/31/2003
<b>U10 Players:*</b>	08/01/2001—07/31/2002

*\*Qualified U10 players may be invited to join a competitive team in the U10 Age Group.*

Occasional training sessions may be offered to U6 and U5 Players born in 2006 and 2007 as part of the **Little Strikers** program of the Jr Academy. **Little Strikers** sessions will be announced as offered.

**For more information, contact:  
Jason Carney**

jason.carney@fcportland.org | (503) 439-8364

### JR ACADEMY LEAGUE & TRAINING FEES\*

- Spring 2011:** \$ 50—League Fee\* *(non-refundable)*  
\$180—Training Fee\* *(non-refundable except for severe injury)*
- Summer 2011:** \$150—Training Fee\* *(non-refundable except for severe injury)*  
\$Variable—Tournament Fees\* *(participation optional)*
- \*PLUS:** \$ 20—2010-2011 US Club Player Card Fee  
*(if not already registered for the 8/1/10-7/31/11 USCS season through FC Portland)*
- Fall 2011:** \$ 50—League Fee\*\* *(non-refundable)*  
\$180—Training Fee\*\* *(non-refundable except for severe injury)*
- Winter 2012:** \$ 50—Futsal Training\*\* *(non-refundable)*
- Spring 2012:** \$ 50—League Fee\*\* *(non-refundable)*  
\$180—Training\*\* *(non-refundable except for severe injury)*
- \*\*PLUS:** \$ 20—2011-2012 US Club Player Card Fee  
*(if not already registered for the 8/1/11-7/31/12 USCS season through FC Portland)*

### ADDITIONAL FEES

- Gear Kit:** \$ 75 *(for new members)*  
*Official FC Portland gear is available for purchase at the Academy office and must be worn at each training session and game.*

*The cost of participating in optional tournaments and other competitive or training opportunities is not included in the Jr Academy Training or League Fees and will be billed to players' accounts by invoice.*

A Nike Premier Club



Established in 1987 by Clive Charles

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[www.fcportland.org](http://www.fcportland.org)



# Junior Academy

NO PAPER

Player's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender:  M  F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age Eligibility: Players' birthdates must fall on or after **08/01/01**

Parent's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  cell  work

Parent's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  cell  work

Primary E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

**NOTE:** E-mail is our primary form of communication, so please print your e-mail addresses neatly.

Recreational Club Affiliation:  None  Club Name: \_\_\_\_\_ Grade in Fall 2011: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Please submit copy of birth certificate with registration form.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

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Includes 2 outdoor training sessions per week and (if available) Sunday games

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- Summer 2011:** \$150—Training Fee\* (non-refundable except for severe injury)  
\$Variable—Tournament Fees\* (participation optional)
- \*PLUS:** \$ 20—2010-2011 US Club Soccer Player Card Fee  
(if not already registered for 8/1/10-7/31/11 USCS season through FC Portland)
- Fall 2011:** \$ 50—League Fee\*\* (non-refundable)  
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(if not already registered for 8/1/11-7/31/12 USCS season through FC Portland)

### ADDITIONAL FEES

- Gear Kit:** \$ 75  
(for new members)  
  
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- The cost of participating in optional tournaments and other competitive or training opportunities is not included in the Jr Academy League or Training Fees and will be billed to players' accounts by invoice.**

### Release of Liability and Fee Payments

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of F.C. Portland Academy (hereafter referred to as FCPA), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for FCPA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify FCPA its affiliated organizations and sponsors, their Board of Directors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I give my permission for all medical care deemed necessary by a duly licensed doctor of medicine in my absence, for my dependent.

Furthermore, by my signature below, I acknowledge and accept that **all fee payments are non-refundable** should I withdraw my child from the Junior Academy for any reason other than serious injury. If seriously injured, only the prorated Summer, Fall, or Spring training fee will be refunded.

Parent/Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Credit Card Payment Authorization

Visa or MasterCard #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature: \_\_\_\_\_ Authorized Amount: \$ \_\_\_\_\_

Office Use Only

Paid \$ \_\_\_\_\_

Ck/CC # \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## YOUTH CLUB REGISTRATION CONFIRMATION

Club Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLAYER'S MEDICAL INFORMATION

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

Allergies \_\_\_\_\_  
 Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Medical/Hospital Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Relation to player: father, mother, guardian)