



Carrollton-Farmers Branch Soccer Association

Fall 2010-Spring 2011 Soccer Season Recreational Registration Form **New player/Returning player**

MAIL-IN/DROP OFF REGISTRATION DEADLINE: July 23, 2010

Office Use Only	Age Group: _____	Sex: M F	Team: _____
Birth Certificate: Yes No	Amount paid: \$ _____	Payment No.: _____	Received By/Date: _____ / _____

Registration Fee: NO CASH WILL BE ACCPETED, NO EXCEPTIONS!! Make check/money order payable to CFBSA. We also accept VISA/MC/DISCOVER! A \$50 NSF fee will be charged for all returned checks.

Refund Policy: A 50 % refund will be issued to any player who decides, **prior to the first game of the Fall season**, not to play on a CFBSA team to which he/she was assigned with written request. **No refunds after the Fall Season starts, no exceptions! (When you register beginning May 1st, you register for a full soccer year, which includes Fall and Spring soccer season)**

Any registration received between July 24, 2010-August 28, 2010 will incur a \$25.00 late fee and any registration received after August 28, 2010 will incur a \$50.00 late fee and no guarantee your child will be placed on a team.

Select **ONE** Registration Fee Option (✓):

____ \$120.00(U5-U19) Full soccer registration for a year soccer season (10 games in Fall /10 games in Spring - **weather permitting**)

____ \$100.00 (U4) Full soccer registration for a year soccer season (8 games in Fall /8 games in Spring - **weather permitting**)

____ \$70.00 Head Coach (of the team your child plays and you coach) for a full year

____ \$70.00 Board Member/ League Director's child for a full year

____ \$70.00 for 3rd sibling or more in CFBSA (excluding select) for a full year

Other children: Name: _____ Age _____ Team _____

Name: _____ Age _____ Team _____

Name: _____ Age _____ Team _____

____ \$50.00 Non-roster or Released/Transferred player

Player's First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City: _____ State: TX Zip: _____

Home phone: _____ Sex (circle one): M F Birthday: _____ Grade: _____
(Month) (Day) (Year)

MAIN EMAIL ADDRESS: _____

School Attending: _____ Nearest Public School (if home schooled): _____

Mother's First Name: _____ Last: _____ Home Phone: _____ Cell: _____

Mother's Address: _____ City: _____ Zip: _____

Father's First Name: _____ Last: _____ Home Phone: _____ Cell: _____

Father's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor: _____ Phone: _____ Note: _____

PLAYER PERMISSION TO PARTICIPATE / CONSENT FOR MEDICAL TREATMENT/AGREEMENT TO ASSOCIATION CREED

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Carrollton/Farmers Branch Soccer Association, its affiliated organizations. Recognizing the possibility of physical injury associated with soccer and in consideration for CFBSA accepting the registrant for its soccer programs and activities ("programs"), I hereby release, discharge and/or otherwise indemnify CFBSA, its affiliated organizations, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I understand that the payment option selected above is final and I will abide by the selection I have made. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Print Name: _____ Signature: _____ Date: _____

Support: We ask for active support from all parents. Please select area(s) in which you will help:

Coach Assistant Coach Team Manager/Parent Board Member League Director

() Check here **ONLY** if player desires to be returned to the player pool to be drafted to another team.

Current Team Name/Age Group _____

To register by using this form: Mail or drop off completed registration form AND a copy of birth certificate (issued by a government agency NO HOSPITAL COPIES WILL BE ACCEPTED) and registration fee of \$120.00 to CFBSA, 2150 N. Josey Lane Suite 204, Carrollton, TX 75006. ANY QUESTIONS PLEASE REFER TO OUR FAQ'S AT WWW.CFBSOCCER.NET

****Online registration and Association Creed can be found on our web site at WWW.CFBSOCCER.NET**