Carrollton-Farmers Branch Soccer Association

Spring 2010 Soccer Season Registration Form New player / Return to draft

MAIL-IN/DROP OFF REGISTRATION DATES: November 16, 2009 -- January 15, 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 EXPECTIONS!!** 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 playing season**, not to play on a CFBSA team to which he/she was assigned with written request. **No refunds after the season starts, no exceptions!**

ANY REGISTRATIONS RECEIVED AFTER THE DEADLINES (1/15/2010) WILL INCUR A FIRM $50 LATE FEE

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

____ $80.00 spring soccer season (10 games in Spring - **weather permitting**)

____ $60.00 Head Coach (of the team your child plays and you coach) for spring season

____ $60.00 for 3rd sibling or more in CFBSA (excluding select) for spring season

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: ____ ____ ____ (Month) (Day) (Year) Grade: _____

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

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

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

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

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

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor: _____ Phone: _____ Note: _____

MAIN EMAIL ADDRESS: _____

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 player wants to be REMOVED from_____

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 to CFBSA, 2150 N. Josey Lane Suite 204, Carrollton, TX 75006. **ANY QUESTIONS PLEASE CALL 972-245-9307.**

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