



Carrollton-Farmers Branch Soccer Association

Fall 2011-Spring 2012 Soccer Season Recreational Registration Form **New player/Returning player** MAIL-IN/DROP OFF REGISTRATION DEADLINE: July 15, 2011

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

Registration Fee: NO CASH WILL BE ACCPETED, NO EXPECTATIONS!! 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 15, 2011-August 26, 2011 will incur a \$25.00 late fee and any registration received after August 27, 2011 will incur a \$50.00 late fee only if a spot is available.

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

- ____ \$100.00 (U4) Full soccer registration for a year soccer season (8 games in Fall /8 games in Spring - **weather permitting**)
- ____ \$120.00(U5-U19) Full soccer registration for a year soccer season (10 games in Fall /10 games in Spring - **weather permitting**)
- ____ \$70.00 Head Coach (only one discount per team on which your child plays and you head 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 valid for one year

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: _____

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: _____

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**