

# Carrollton-Farmers Branch Soccer Association

## Fall 2006 Spring 2007 Soccer Year New Player Registration Form

**MAIL-IN/DROP OFF REGISTRATION DEADLINE: JULY 15, 2006**

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

**Registration Fee: NO CASH!!** Make check/money order payable to CFBSA. **\$25 NSF fee for all returned checks.**

**REFUND POLICY:** A 50% refund will be issued to any player who decides, prior to the first game of the season, not to play on the CFBSA team to which he/she was assigned with written request. **No Refunds after the season starts.**

**ANY REGISTRATIONS RECEIVED AFTER THE DEADLINE WILL INCUR A \$10 LATE FEE**

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

- \_\_\_\_\_ \$85 full soccer registration payment for Full Soccer Year (20 Games weather permitting)
- \_\_\_\_\_ \$40 Head Coach (of child you coach) for full soccer year payment with Registration
- \_\_\_\_\_ \$40 Board Member's child for full soccer year payment with Registration
- \_\_\_\_\_ \$60 Split Payment partial Registration payment for full Soccer Year the other \$35 due October 1, 2006, **\$25 fee if not paid by Nov 1, 2006**

\_\_\_\_\_ Scholarship - must show need call office 972-245-9307

\_\_\_\_\_ \$60 for 3<sup>rd</sup> sibling or more in CFBSA (not including select soccer) for full Soccer Year

Other children: Name: \_\_\_\_\_ Age \_\_\_\_\_ Team \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Team \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Team \_\_\_\_\_

**Player Information:**

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex (circle one): M F Birthday: \_\_\_\_\_ Grade : \_\_\_\_\_  
(Month) (Day) (Year)

School Attending \_\_\_\_\_ Nearest Public School: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Note: \_\_\_\_\_

**PLAYER PERMISSION TO PARTICIPATE / CONSENT FOR MEDICAL TREATMENT**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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  Clerical  Newsletter  Other \_\_\_\_\_

**( ) Check here and provide information below if player desires to be returned to the player pool to be placed on another team.**

**Prior Team** \_\_\_\_\_ **Coach** \_\_\_\_\_

**To Register: Mail or drop off completed REGISTRATION FORM, copy of BIRTH CERTIFICATE (issued by a government agency NO HOSPITAL COPIES WILL BE ACCEPTED) and REGISTRATION FEE to CFBSA, 1039 I35, Suite 305, Carrollton, TX 75006.**

**ANY QUESTIONS PLEASE CALL 972-245-9307.**