



2017 Fall HCSC Team Eagles Registration Form

Player Information

First Name: _____ Last Name: _____

DOB: _____ School Grade: _____ Gender: **M or F** Lives with: _____

Parent Information

Father First Name: _____ Father Last Name: _____

Father Street Address: _____ City: _____ Zip _____

Father Phone: _____ Father Cell Phone: _____

Father email: _____

Mother First Name: _____ Mother Last Name: _____

Mother Street Address: _____ City: _____, Zip _____

Mother Phone: _____ Mother Cell Phone: _____

Mother Email: _____

(Please select one of the below)

___ I would like to participate in the Hub City Soccer Club Team Eagles Fall Program. This includes all training sessions with the HCSC Eagles, eligibility to travel with HCSC Team Eagles to various events throughout the Fall, **and** participation in the HCSC City League/Fall City League Tournament on a HCSC City League team.

___ I would like to participate in the Hub City Soccer Club Team Eagles Fall Program. This includes all training sessions with the HCSC Eagles, and eligibility to travel with HCSC Team Eagles to various events throughout the Fall. I would like to "opt out" of participating locally on a HCSC Fall City League Team, and would like to participate in the HCSC Eagles program **ONLY**. (Opting out of the Fall City League does not change the registration fee)

Cost is \$65 Due by August 7th, 2017

VISA and MASTERCARD also accepted

Name on Credit Card _____ Amount Authorized: _____

Type (visa/mastercard) _____ Credit Card # _____ Exp. Date _____ Code: _____

Agreement to Abide and Hold Harmless: I, the parent/legal guardian for the above named player, a minor, agree that the player and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the player for its soccer programs and activities (program), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors and their employees for the programs for the programs against any claim on behalf of the player as a result of the player's participation in the program and/or being transported to or from the same which transportation I hereby authorize.

****SIGNATURE OF PARENT/GUARDIAN REQUIRED BEFORE PLACEMENT ON A TEAM CAN BE COMPLETED****

Name _____ Date _____

Forms and Payment can be dropped off at Soccer Office in the Berkshire Plaza (405 8th Ave NW, Suite 321).