



## 2017-2018 Winter Soccer Registration Form

### Player Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M or F Lives with (Parent or Guardian) \_\_\_\_\_

### Parent Information

Father First Name: \_\_\_\_\_ Father Last Name: \_\_\_\_\_

Father Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Father Phone: \_\_\_\_\_ Father email: \_\_\_\_\_

Mother First Name: \_\_\_\_\_ Mother Last Name: \_\_\_\_\_

Mother Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother Phone: \_\_\_\_\_ Mother Email: \_\_\_\_\_

### Payment

“Early Bird” Winter Program Registration Fee (fees paid in full through November 14th): \$ \_\_\_\_\_ (\$82.00)

Winter Program Registration Fee (after November 14th): \$ \_\_\_\_\_ (\$99.00)

I would like to help sponsor a player in need, or make a voluntary contribution to the HCSC Player Scholarship Fund \$ \_\_\_\_\_

Total included: \$ \_\_\_\_\_

### VISA and MASTERCARD accepted

Name on Credit Card \_\_\_\_\_ Amount Authorized: \_\_\_\_\_

Type (Visa/Mastercard) \_\_\_\_\_ Credit Card # \_\_\_\_\_ 3 Digit # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**\*\*\*\*By registering for this HCSC program, I acknowledge that I have read and accept the program policies stated on the HCSC Soccer Club Winter Program informational document.**

*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 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.*

Name \_\_\_\_\_ Date \_\_\_\_\_

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

**FORM AND PAYMENT SHOULD BE DROPPED OFF AT THE HCSC SOCCER OFFICE  
OR MAILED TO HUB CITY SOCCER CLUB, PO BOX 584, ABERDEEN, SD 57402**