



2018-2019 Winter Program Registration Form

Player Information

First Name: _____ Last Name: _____

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

Telephone: _____ Email: _____

Parent Information

Parent 1 First Name: _____ Parent 1 Last Name: _____

Parent 1 Street Address: _____ City: _____

Parent 1 Phone: _____ Parent 1 email: _____

Parent 2 First Name: _____ Parent 2 Last Name: _____

Parent 2 Street Address: _____ City: _____

Parent 2 Phone: _____ Parent 2 Email: _____

Payment "Early Bird" Winter Program Registration Fee (fees paid in full through Nov 16th): \$ _____ (\$109.00)

Winter Program Fee after Nov 16th: \$ _____ (\$125.00)

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/MC) _____ Credit Card # _____ Exp Date _____ 3 digits: _____

******By registering for this HCSC program, I acknowledge that I have read and accept the program policies stated on the HCSC Soccer Club 2018-2019 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