



2019 Fall Youth Recreational/H CSC Team Eagles League 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: _____

Father Phone: _____ Father email: _____

Mother First Name: _____ Mother Last Name: _____

Mother Street Address: _____ City: _____

Mother Phone: _____ Mother Email: _____

Registration Fees

Early Bird Registration Fee (on or before August 10th, 2019) = **\$65.00**

Early Bird Registration fee for those with multiple children (players must be immediate family) on or before August 10th, 2019.

\$65.00-1st child, \$55.00-for the second child, \$50.00-for the third child, \$45.00-for the fourth child and each child beyond.

Please consider being a volunteer by checking a box below

Head Coach: _____

Assistant Coach: _____

Concession Stand _____

Optional: _____ I am unable or prefer not to volunteer or participate in any club fundraisers. Instead, I would prefer to make a \$25 "fundraising contribution" to "opt-out" of participation in those areas.

VISA and MASTERCARD accepted

Name on Credit Card _____ Amount Authorized: _____

Type (Visa/Mastercard) _____ Credit Card # _____ Exp. Date _____ 3 digit # _____

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 _____

Completed Registration forms and payment can be mailed to: Hub City Soccer Club, PO Box 584, Aberdeen, SD 57401