



Traverse Bay Area Youth Soccer

# North Storm Premier Registration Form 2009/2010

160 Hughes Dr., Traverse City, MI 49686

Email: office@tbays.org Phone: 933-8229 Fax: 933-6629 Website: www.tbays.org

## Player Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
Month Day Year Number Street

Phone (\_\_\_\_\_) \_\_\_\_\_ City Zip  
Area Number

Parent or Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Team Name/Coach \_\_\_\_\_

Age group \_\_\_\_\_

### To Register I Have Enclosed the Following:

1. Registration Form
2. Medical Care Authorization Form (even if you have one on file)
3. A copy of child's birth certificate (if new to TBAYS)
4. Payment of \$168 for a full year (Fall 2009-April 2010) \_\_\_\_\_

\_\_\_\_ VISA or \_\_\_\_ MASTERCARD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Dat \_\_\_\_/\_\_\_\_

Authorized Signature:

\_\_\_\_\_

### TBAYS Refund Policy

TBAYS will refund up until the team's 1st game. **No refunds can be made after play has begun.**

Comments: