



Traverse Bay Area Youth Soccer

**Traverse Bay Area Youth Soccer (TBAYS)
2010-11 Practice Player Registration Form
Player Information**

Last Name _____ First Name _____

Date of Birth: _____ Address: _____
Month Day Year Number Street

Phone: (_____) _____ City Zip
Area Number

Sex: _____ email address: _____

Parent/Guardian: _____

Team or Coach you intend to practice with: _____

RELEASE OF LIABILITY

I the below signed parent/guardian/player understand that attending any soccer, rugby, or lacrosse program and using the facilities, he/she/I do so at his/her/my own risk. TBAYS and its members, employees, and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by player, in or about any programs on the premises and I do hereby fully and forever release, discharge and hold harmless TBAYS, all associated facilities and its' members, employees, and agents from any and all action, present or future resulting from or arising out of any person's participation in any programs or use of its' facilities. In addition, I agree to follow the rules of play and conduct set by TBAYS. I understand that failure to do so may result in suspension from participation.

Signature _____ Date _____

Payment of \$30 in the form of a check payable to "TBAYS" or Credit Card Information Below:

____ VISA or ____ MASTERCARD _____ - _____ - _____ Exp. Dat ____/____

Authorized Signature: _____