

AUTHORIZATION TO PROVIDE MEDICAL CARE

Parents And/Or Players Must Understand The Following & Apply Their Signature Where Indicated Below

A Copy Of This Authorization Shall Have The Same Force And Effect As The Original.

TO ANY HOSPITAL OR MEDICAL PROVIDER:

This document constitutes my authorization and consent for you to provide any and all medical and nursing care that you deem necessary or appropriate and in the best interest of my child named on the front of this form under the "Player Information" section. I represent to you that I have the legal authority to authorize and to consent to such medical care. I further authorize the bearer of this document to execute on my behalf any and all Consent and Treatment forms, including informed consent forms for invasive procedures, which you may require as a condition of treatment.

This authorization is effective this _____ day of _____, 2003 and shall remain in effect for one year from this date.

My Child's Physician is _____ and his/her Contact Number is _____.

Please list your child's Allergies, Significant Medical Conditions, and/or Recent Injuries:

CODE OF CONDUCT, PERMISSIONS & RESPONSIBILITIES

Parent signature is required where indicated below

I have read the Code's of Conduct (www.tbays.org) realize the need for them, and agree to their rules. Should I not abide by the rules, I realize that I may be suspended from the TBAYS organization until the Juniors Division and/or Ethics Committee has reviewed the situation. I will comply with the final decision of these authorities, knowing their decision is based upon what it felt best for me, TBAYS, our community, and the sport of soccer.

I give my permission to TBAYS for the registrant (person indicated in the Player Information section on the reverse) to appear in photographs, videotapes or other media associated with the TBAYS program. I understand TBAYS does not provide personal safety and protection equipment and that soccer shoes, shinguards, and long socks to cover shinguards must be worn during participation in games, practices or clinics. The registrant is responsible for bringing an appropriately sized ball for his/her age bracket, as well as water, fluids or food to any activities that may require these items.

SIGNATURE BELOW IS REQUIRED AND IS APPLICABLE TO THE "AUTHORIZATION TO PROVIDE MEDICAL CARE", "CODE OF CONDUCT" AND "PERMISSIONS & RESPONSIBILITIES" STATEMENTS SHOWN ABOVE.

Parent/Guardian Signature _____ Date _____

Print Your Name _____ Relationship To Child _____

FEE STRUCTURE

Please Choose ONE of the Following

Seasonal Registration Fee \$55.00 _____

OR

Seasonal Registration Fee + Rental Jersey \$60.00 _____

REFUND POLICY

TBAYS will refund 50% of the Registration Fee prior to the start of the season. Zero after the season begins.

REGISTRATION REQUIREMENTS

COMPLETE BOTH SIDES OF THIS FORM and submit it, along with a check made payable to "TBAYS" for applicable fees, or fill out the credit card information below. In order to encourage early registration, credit cards will NOT be charged until Feb. 1, 2005. Credit Card registrations may be faxed to (231) 933-6629.

If you are new to TBAYS a photocopy of your child's birth certificate will also need to be provided.

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

Authorized Signature: _____

Not a school sponsored program.

OFFICE USE ONLY

Check # _____

Date Payment Received _____ Birth Certificate Received _____