



Operated by Traverse Bay Area Youth Soccer  
160 Hughes Dr. • Traverse City, MI 49696 • Phone: 933-8229 • Website: [www.tbays.org](http://www.tbays.org)

**PLAYER REGISTRATION FORM**  
**(Please Circle one)**

- 1<sup>st</sup> Session – November 6 – December 19
  - 2<sup>nd</sup> Session – January 8 – February 13
  - 3<sup>rd</sup> Session – February 19 – March 27
- These will be 6 week sessions/8 games.

**PLAYER INFORMATION**

Player’s Last Name \_\_\_\_\_ Player’s First Name \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex (circle one) Male | Female  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent’s Name if under 18 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**TEAM ASSIGNMENT & PAYMENT INFORMATION**

Are you registering as part of a team? Yes / No  
If yes, Coach \_\_\_\_\_ Team \_\_\_\_\_  
If no, TBAYS will assign you to a team in your age division.

**You must include your registration fee with this form.**

\_\_\_\_ I would like to pay for a single session in 2 monthly installments of \$45 each. The first will be due now, the second no later than the 10th day of the 2nd month of the session. If paying by check, both checks with this registration.

\_\_\_\_ **I would like to pay the entire amount in a single payment of \$85. (Juniors is a single payment of \$50)**

\_\_\_\_ **I would like to pay for all three sessions in a single payment of \$255. (Juniors is a single payment of \$150)**

You may pay by check, made out to TBAYS or by Credit Card. If using a credit card, complete the following:

Name on Card \_\_\_\_\_

Visa / MasterCard No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp. Dt. (mm/yy): \_\_\_\_ / \_\_\_\_ CVV Code \_\_\_\_

Authorized Signature \_\_\_\_\_

**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 \_\_\_\_\_

**AUTHORIZATION TO PROVIDE MEDICAL CARE**

TO ANY HOSPITAL OR MEDICAL PROVIDER:

This document constitutes my authorization and consent for you to provide any and all medical and nursing care which you deem necessary or appropriate and in the best interest of my child:

Player's Full Name: \_\_\_\_\_

Date of Birth(Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I represent to you that I have 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 to 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 \_\_\_\_\_,20\_\_ and shall remain in effect until I provide you with written notice of revocation.

Player's personal physician is:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ Tele: (\_\_\_\_) \_\_\_\_\_

Insurance information:

Insurer/HMO/PPO: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**SIGNIFICANT MEDICAL CONDITIONS** and\or **RECENT INJURIES:** (use back of form if necessary)

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

A copy of this Authorization shall have the same force and effect as the original.

Signature (Parent or Guardian if under 18): \_\_\_\_\_

Print Name: \_\_\_\_\_ If not Player then your relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_) \_\_\_\_\_

Emergency contact other than parent: Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_