



Operated by Traverse Bay Area Youth Soccer
160 Hughes Dr. • Traverse City, MI 49686 • Phone: 933-8229 • Website: www.tbays.org

PLAYER REGISTRATION FORM
(Please Circle one)

- 1st Session – November 7 – December 20
 - 2nd Session – January 2 – February 12
 - 3rd Session – February 13 – March 26
- 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): __ / __
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:(____) _____