

<b>COACH</b> (check one if interested)	<b>ASST. COACH</b>
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**TRAVERSE BAY AREA  
YOUTH SOCCER - JUNIORS**  
*Developmental Soccer for Children Ages 4 – 7*

**Fall 2010 REGISTRATION**

Space Is Limited

Teams are filled on a strict first-come first-served basis

**SEASON STARTS 9/11/10 & ENDS 10/23/10**

**There is no play on Sept 18**

160 Hughes Dr. • Traverse City, MI 49686 • Phone: 933-8229 • Website: www.tbays.org

**PLAYER INFORMATION**

Player's Last Name \_\_\_\_\_ Player's First Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex (circle one) Male | Female  
Month/Day/Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

*(Employment Info Requested For Alternate & Emergency Contact Purposes)*

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

**TEAM ASSIGNMENT INFORMATION**

**Team /Coach** \_\_\_\_\_

**1<sup>st</sup> Choice**

**Team /Coach** \_\_\_\_\_

**2<sup>nd</sup> Choice**

If your 1<sup>st</sup> choice team is full and you leave your 2<sup>nd</sup> choice blank, we will assume that we can place you on any team in your age group that has an opening. If you don't want that to happen, please put 'none' on the 2<sup>nd</sup> choice line. There is no waitlist so we encourage parents to put down two teams in case the first team is full. To get information about currently available teams and more information about team selection, please check the **Junior Rosters** on the website, www.tbays.org

Please Check The Bracket That Matches Your Child's Grade:

- |                                                |                       |
|------------------------------------------------|-----------------------|
| <input type="checkbox"/> PRESCHOOL             | 8 – 10 Players-4 v 4  |
| <input type="checkbox"/> KINDERGARTEN          | 8 -- 10 Players-4 v 4 |
| <input type="checkbox"/> 1 <sup>ST</sup> GRADE | 8 -- 10 Players-4 v 4 |

## **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:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_

### **Fees & Payment**

Registration Fee before August 30, 2010 = \$50

Registration Fee after August 30, 2010 = \$60

No registrations will be accepted after September 6, 2010

\_\_\_\_\_ Check here to order the optional Uniform for \$15 (2 TBAYS T-Shirts 1 red, 1 white w/TBAYS logo)

Shirt Size: \_\_\_\_\_ Child S, \_\_\_\_\_ Child M, \_\_\_\_\_ Child L, \_\_\_\_\_ Adult S

### **REFUND POLICY**

TBAYS will refund your Registration Fee up to the first game of the season.

**There are NO refunds after that time.**

### **REGISTRATION REQUIREMENTS**

COMPLETE BOTH PAGES 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. Credit Card registrations may be faxed to (231) 933-6629.

\_\_\_\_VISA or \_\_\_\_MASTERCARD\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Dat \_\_\_\_/\_\_\_\_ CVV \_\_\_\_

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

**Not a school sponsored program.**

OFFICE USE ONLY

CC \_\_\_\_\_ or Check # \_\_\_\_\_

Date Payment Received \_\_\_\_\_