COACH	ASST. COACH
(check one if interested)	

TRAVERSE BAY AREA YOUTH SOCCER - JUNIORS

Developmental Soccer for Children Ages 4 – 7

Spring 2010 REGISTRATION

Space Is Limited

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

SEASON STARTS 4/24/10 & ENDS 6/12/10

There is no play on May 15 or May 29

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 ______________________ **1st Choice**

Team /Coach ______________________ **2nd Choice**

If your 1st choice team is full and you leave your 2nd 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 2nd 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:

PRESCHOOL	8 – 10 Players-4 v 4
KINDERGARTEN	8 -- 10 Players-4 v 4
1ST 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 March 26,2010 = $50

Registration Fee after March 26, 2010 = $60

No registrations will be accepted after April 12, 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 __ __/__ __

Authorized Signature: ____

Not a school sponsored program.

OFFICE USE ONLY

CC _____ or Check #___________________ Date Payment Received_______________________