

West Brazos Soccer Club

P.O. Box 1724, Brazoria, TX 77422
www.westbrazosoccer.org

Club Use Only	Paid _____	BC _____	Play-up Form _____
Player _____	B or G Age: _____		
Team: _____	BZ SW WC		

To Complete Registration, Submit: **1) This Registration Form 2) Payment 3) Copy of Player's Birth Certificate**

Player Information:

Name (shown on Birth Certificate): _____ D.O.B: _____ Gender: M F
 Physical Address: _____ City: _____ Zip: _____
 Emergency Contact: _____ Relationship: _____ Phone: (____) _____
 Doctor To Contact in Emergency: _____ Phone: (____) _____
 Height: ____ ft ____ in Weight: _____ lb. #Years Played: _____ Skill Level (for Age): Beginner Medium High

Player Preferences:

Team: New No Pref. Same: _____	Play-Up: Y N (Form Required if Yes)
Coach: New No Pref. Same: _____	City: BZ SW WC

Parent Information:

Father's Name: _____ Mother's Name: _____
 Father's Work/Home: (____) _____ Cell: (____) _____ Mother's Work/Home: (____) _____ Cell: (____) _____
 Father's E-Mail: _____ Mother's E-Mail: _____
 Address: _____ Address: _____
 City: _____ Zip: _____ City: _____ Zip: _____
 Volunteer: Coach Asst.Coach Board Member Referee (Paid) Volunteer: Coach Asst.Coach Board Member Referee (Paid)

Player Custody: Both Separated-Joint Separated-Sole Other

U.S. Youth Soccer Association – SIGNATURE REQUIRED

I, the Parent/Guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the STYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____
Parent/Legal Guardian (Please Print)

Signature: _____

Consent for Medical Treatment (Minor) – SIGNATURE REQUIRED

As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Name: _____
Parent/Legal Guardian (Please Print)

Signature: _____

West Brazos Soccer Club Personal Fundraiser – Optional

As the Parent or Legal Guardian of the above named player, I hereby elect to participate in the WBSC personal fundraiser and will sell a minimum of \$60 worth of candles. I agree to be responsible for the sale, collection of monies, disbursement of candles and submittal of the order and monies collected. In return, \$30 of these proceeds will be applied to my registration fee.

Name: _____ Signature: _____

Uniform Sizes:	Youth Sizes	Adult Sizes
Shirt:	YXS YS YM YL	AS AM AL AXL AXXL
Short:	YXS YS YM YL	AS AM AL AXL AXXL

Fee Schedule:	U6 = \$110	U7-U10 = \$115	U11-U19 = \$120	Div. II = \$120 (No Uniform)
w/ Fundraiser:	\$80	\$85	\$90	N/A

Early Regist. Disc:	-\$10	Indiv. Total Due:	\$	Payee Initial:
3rd+ Sibling:	50%	Total Paid:	\$	Board Initial:
Family Player Count: _____ of _____		Sibling Names: _____		

Payment: CASH CHECK# _____ C.C.	Checks Must Include Player's Name & Parent DL #. Make checks payable to: WBSC
C.C. Info: VISA MC CARD#: _____ - _____ - _____ Expiration: ____/____/____ Security: _____	Name on Card: _____
Billing Address: _____ State: _____ Zip: _____	
Authorization: I hereby authorize West Brazos Soccer Club to charge the amount indicated in the TOTAL above to this credit card.	
Signature: _____ Date: _____	

Further Responsibilities: Each team is required to donate two baked goods and a gift basket to be auctioned at the SoccerFest festival. It is up to each coach to determine their players' responsibility to the auction basket; however, this responsibility should not have a monetary value of more than \$5-\$10 dollars.