



2016-17 Santa Barbara SC Players' Academy CHOICE Registration Form

PLAYER INFORMATION

Player's Name: _____ Parent Name(s): _____
Age: _____ DOB: _____ Gender: _____ Evening/Cellular Phone: _____
Address: _____ Day Phone: _____
City: _____ State _____ Zip _____ Emergency Phone: _____
Email (Mandatory): _____

HEALTH INSURANCE INFORMATION (Mandatory)

Carrier Name: _____ Policy Number: _____
Policy Holder Name: _____ Policy Holder Date of Birth: ____/____/____
Emergency Contact Name: _____ Emergency Phone: _____

I, the parent (legal guardian) of _____, give permission for the named academy player to receive emergency medical treatment and hospitalization if necessary. I hereby waive and release the staff, program management and any sponsors from any and all liability for any injury or illness incurred while at the academy. I understand that there is risk of injury to the named player as a result of program activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during the academy program or resulting from an injury received at the academy. My medical insurance shall be the insurance coverage for any medical treatment.

Print Parent's Name _____ Parent's Signature: _____ Date ____/____/____

2016-17 PLAYERS' ACADEMY CHOICE PROGRAM

Please check appropriate box(s) to complete admissions. Registrants can attend 1, 2, 3 & 4 sessions a year.

Program	Dates	Time	Ages	Gender	Location	Cost
<input type="checkbox"/> Session 1	9/9/16 – 10/21/16	4:30–6:00pm	6 - 9	Boys/Girls	School TBD	\$120 (+ Uniform*)
<input type="checkbox"/> Session 2	10/28/16 – 12/16/16	4:30–6:00pm	6 - 9	Boys/Girls	School TBD	\$120 (+ Uniform*)
<input type="checkbox"/> Session 3	2/10/17 – 4/14/17	4:30–6:00pm	6 - 9	Boys/Girls	School TBD	\$120 (+ Uniform*)
<input type="checkbox"/> Session 4	4/21/17 – 6/2/17	4:30–6:00pm	6 - 9	Boys/Girls	School TBD	\$120 (+ Uniform*)

PAYMENT INFORMATION

UNIFORM DETAILS:

Is my son/daughter a first time Players' Academy registrant?
Yes, I must purchase a uniform for approximately \$30 fee from our Santa Barbara SC store (Uniform consists of Shorts, T-Shirt & Socks) . The store will be set-up on site during the first two weeks of each session of the players academy.

All checks should be made payable to "Santa Barbara Soccer Club"

Mailed to:
Santa Barbara Soccer Club
PO Box 60208
Santa Barbara, CA 93160
Attention: Players' Academy

Office Use Only:

Check # _____ Cash: _____ Amount: _____

POLICY: All payments made to "Santa Barbara Soccer Club" are non-refundable unless SBSC cancels the program. A \$25.00 service fee will be charged for returned checks.