

Player's Name: _____

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

PLAYER INFORMATION

Parent Name(s):

Age:	DOB: Ge	ender:		Eve	ning/Cellular Phone:	
Address:				Day Phone:		
City: State Zip			Emergency Phone:			
	ory):			_		
	I	HEALTH INSUR	ANCE INF	ORMATION (M	andatory)	
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 / /						
Print Parent's NameParent's Signat			ture:Date//			
2016-17 PLAYERS' ACADEMY EDUCO PROGRAM						
Please check appropriate box(s) to complete admissions.						
Program ☐ Session 1	Dates 9/29/16 – 1/26/17 (Thurs)	Time 4:00–5:30pm	Ages 6 - 8	Gender Boys	Location Girsh-Hochman Field Turf	Cost \$275 (+\$50 Uniform)
☐ Session 2	2/2/17 - 5/25/17 (Thurs)	4:00-5:30pm	6 - 8	Boys	Girsh-Hochman Field Turf	\$275 (+\$50 Uniform)
☐ Session 1	9/28/16 - 1/25/17 (Wed)	4:30-6:00pm	6 - 9	Girls	Girsh-Hochman Field Turf	\$275 (+\$50 Uniform)
☐ Session 2	2/1/16 - 5/24/17 (Wed)	4:30-6:00pm	6 - 9	Girls	Girsh-Hochman Field Turf	\$275 (+\$50 Uniform)
PAYMENT INFORMATION						
UNIFORM DETAILS: All checks should be made payable to "Santa Barbara Soccer Club"						rbara Soccer Club"
Is my son/daughter a first time Players' Academy registrant? Yes, I must purchase a uniform for approximately \$50 fee from our Santa Barbara SC store. The store will be set-up on site during the first two weeks of each session of the players academy.				Mailed to: Santa Barbara Soccer Club 121 Gray Avenue, Suite 300 Santa Barbara, CA 93101 Attention: Players' Academy Office Use Only:		
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				Check #	Cash: Amount	
				Check #	Cash: Amount:_	