



# 2016-17 Santa Barbara SC Players' Academy PRIMO 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 PRIMO PROGRAM

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

Program	Dates	Time	Ages	Gender	Location	Cost
<input type="checkbox"/> Session 1	9/9/16 – 10/21/16	3:30–4:30pm	3 - 5	Boys/Girls	Hollister School	\$90 (+ T-Shirt)
<input type="checkbox"/> Session 2	10/28/16 – 12/16/16	3:30–4:30pm	3 - 5	Boys/Girls	Hollister School	\$90 (+ T-Shirt)
<input type="checkbox"/> Session 3	2/10/17 – 4/15/17	3:30–4:30pm	3 - 5	Boys/Girls	Hollister School	\$90 (+ T-Shirt)
<input type="checkbox"/> Session 4	4/21/17 – 6/2/17	3:30–4:30pm	3 - 5	Boys/Girls	Hollister School	\$90 (+ T-Shirt)

\*2/26 & 3/4 No Sessions due to Spring Break

## PAYMENT INFORMATION

### UNIFORM DETAILS:

**Is my son/daughter a first time Players' Academy registrant?**  
Yes, I must purchase a T-Shirt for \$10 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.

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.