



2024 Fall Competitive Registration Form

Player Information

First Name: _____ Last Name: _____

DOB: _____ School Grade: _____ Gender: M/F Lives with: _____

Parent/Guardian Information

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Street Address: _____

City: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Registration Fees

Registration Fee = \$119.00

Optional Opt out fee: \$80.00 (We ask all club members to help out with fundraising activities. If you are unable, or prefer not to participate in HCSC fundraisers, we offer the option of paying an \$80.00 "opt out" fee in lieu of volunteering).

VISA and MASTERCARD accepted

Name on Credit Card _____ Amount Authorized: _____

Type (Visa/Mastercard) _____ Credit Card # _____ Exp. Date _____ 3 digit # _____

Agreement to Abide and Hold Harmless: I, the parent/legal guardian for the above named player, a minor, agree that the player and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the player for its soccer programs and activities (program), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors and their employees for the programs for the programs against any claim on behalf of the player as a result of the player's participation in the program and/or being transported to or from the same which transportation I hereby authorize.

****SIGNATURE OF PARENT/GUARDIAN REQUIRED BEFORE PLACEMENT ON A TEAM CAN BE COMPLETED****

Name _____ Date _____