

## 2023 Fall Youth League Registration Form

## Player Information

First Name:		Last Name:	-	
DOB:	School Grade:	Gender: M or F Lives with:	_	
		Parent Information		
Father First Name:		Father Last Name:		
Father Street Address:_		City:		
Father Phone:	Father	Father email:		
Mother First Name:		Mother Last Name:		
Mother Street Address:		City:		
Mother Phone:	Mothe	er Email:		
		Registration Fees		
•	Head Coach:	volunteer by checking a box below Assistant Coach: unteer or participate in any club fundraisers. Instead, I would prefe ipation in those areas.	er to make a	
	<u>VIS</u> A	A and MASTERCARD accepted		
Name on Credit Card Amount Authorized:				
Type (Visa/Mastercard)	Credit Card #	Exp. Date 3 digit #		
its affiliated organizations an for its soccer programs and a employees for the programs j transported to or from the sa	d sponsors. Recognizing the possibili ctivities (program), I hereby release, o for the programs against any claim of me which transportation I hereby au	ian for the above named player, a minor, agree that the player and I will abide by the ty of physical injury associated with soccer and in consideration for the USYSA acce discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sp n behalf of the player as a result of the player's participation in the program and/or thorize. AN REQUIRED BEFORE PLACEMENT ON A TEAM CAN BE COMPLETED**	pting the player onsors and their	
	Name	Date		
Comr	leted Registration forms and navme	ent can be mailed to: Hub City Soccer Club, PO Boy 584. Aberdeen, SD 57401		

Completed Registration forms and payment can be mailed to: Hub City Soccer Club, PO Box 584, Aberdeen, SD 57401