



TEMPLE UNITED
 SURREY FOOTBALL CLUB (SFC)
 REGISTRATION FORM - SPRING/SUMMER 2019
 604-356-2414 / 604-309-6960
www.surreyyouth.com



PLAYER INFORMATION

NAME	<div style="display: flex; justify-content: space-between;"> FIRST LAST </div>	GENDER	Female Male _____ PLEASE CIRCLE
ADDRESS	<div style="display: flex; justify-content: space-between;"> STREET CITY POSTAL CODE </div>	DATE OF BIRTH	/ / MONTH DAY YEAR
CONTACT	<div style="display: flex; justify-content: space-between;"> PHONE NUMBER FOR TEXT/WHATS APP PHONE NUMBER EMAIL ADDRESS </div>		
PARENT/GUARDIAN	<div style="display: flex; justify-content: space-between;"> RELATIONSHIP NAME CONTACT NUMBER </div>		
MEDICAL INFO	<div style="display: flex; justify-content: space-between;"> LIST ANY MEDICAL CONDITIONS EMERGENCY CONTACT NAME PHONE NUMBER </div>		
TEAM	<div style="display: flex; justify-content: space-between;"> PREVIOUS CLUB/TEAM/COACH SPECIAL REQUEST </div>		

REGISTRATION FEES

	PAID	CLUB USE ONLY	U _____
U3 (2016), U4 (2015) One practice/week. No games \$ 100	_____	U5-U10 Practice Day Pmt Details _____ U5-U7 Select one day Amount _____ U8-U10 Monday and one of: Date _____ <input type="checkbox"/> Wednesday Rec By _____ <input type="checkbox"/> Thursday	_____
U5 (2014)-U7 (2012) One practice/week \$ 200	_____		_____
U8 (2011) -U18 (2001) Two practices/week with staff coach \$ 300	_____		_____

Every effort will be made to find a volunteer coach. Staff coach fees will be applied unless a volunteer coach has been designated.

Please make cheques payable to Surrey Football Club ** NSF cheques will be charged \$50 processing fee **
 Refer to www.surreyyouth.com for refund policy

TERMS and CONDITIONS

Waiver *I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have or that may arise against the City of Surrey, the Surrey Parks and Recreation representatives, Surrey Youth Soccer Association and Surrey Football Club representatives for any and all injuries or losses suffered by my child, named on this form, while competing in connection with the program(s).*

Privacy Policy *By signing this application, you are consenting on your behalf of your child or children to the collection, use and disclosure of your personal information for the purposes of the BC Soccer Association, the South Fraser District Association and Surrey Youth Soccer Association. The personal information you provide will be used for purposes reasonably associated with your child's enrolment as a soccer player. The main use of the information is to obtain insurance and for use in necessary disciplinary proceedings. The personal information will not be disclosed to third parties other than as stipulated unless required by law. If you wish to know more about the privacy policies of BC Soccer Association and its members, please contact the BC Soccer Association.*

Media *I authorize Surrey Youth Soccer Association to use photographs or videos of me or my child for promotional or educational purposes in any type of media, including its website. I understand that I will not be paid or rewarded for providing this authorization.*

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Name (Print)	Signature	Relationship	Date
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Credit Card Payments			
Cardholder Name _____	Phone# _____	Signature _____	
Credit Card # _____	Expiry _____	CVS# _____	Postal Code _____

2019 SPRING/SUMMER RECEIPT

Temple United Surrey Football Club 8776 140th Street PO Box 16541 Bear Creek, Surrey, BC V3W 2P5 www.surreyyouth.com 604-356-2414	Paid by _____ Player Name _____ Authorized by _____	Date _____ Amount _____
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All players require cleats and shinpads. Temple United/SFC will provide a full uniform of jersey, shorts and socks.
 U6-U12 players will start practice first two weeks of April. Games will be on Sundays. No games on May and July long weekend. Season ends July 7th, 2019.
 U13-U18 players will participate in tournaments.