



## 2023 HCSC Fall Competitive 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 email: \_\_\_\_\_

Mother First Name: \_\_\_\_\_ Mother Last Name: \_\_\_\_\_

Mother Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother Phone: \_\_\_\_\_ Mother Email: \_\_\_\_\_

### Registration Fees

#### Registration Fee =\$109.00

**Optional:** \_\_\_\_\_ I am unable or prefer not to volunteer or participate in any club fundraisers. Instead, I would prefer to make a \$25 "fundraising contribution" to "opt-out" of participation in those areas.

#### 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 \_\_\_\_\_

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