

SA United Soccer Club

www.saunitedsoccer.com

P.O. BOX 17626, San Antonio, Texas, 78217



DEVELOPMENT PLAYER REGISTRATION FORM FALL 2010 AND SPRING 2011

PLEASE PRINT CLEARLY

PLAYER'S NAME: _____ DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN NAME(S) : _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home _____ Cell _____ Alternative Cell _____

PARENTS OCCUPATION: MOTHER _____ FATHER _____

PARENT EMAIL: _____

ALTERNATIVE EMAIL ADDRESS: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Physician name and phone (Required for NEYSO registration): _____

How long has your son or daughter been playing soccer _____ Club/association: _____

SCHOOL INFORMATION:

Name of school player attends: _____ GRADE _____

FEES

This year SA United Development Program is pleased to introduce a discount for players who commit to BOTH Fall AND Spring seasons. Please tick the box below indicating your choice of payment and commitment option. Please note our fees include: Professional training, admin, STYSA registration, league registration, referees, game cards, game fields and awards.

Option 1: **Fall 2010 Season ONLY: \$375**

Option 2: **Fall 2010 AND Spring 2011: \$750 - Register before May 31st and pay only \$710!**

Uniform Package: \$50 (mandatory for all players) includes Adidas Game shirt, shorts, socks and practice jersey.

Optional financial assistance fund donation \$5 ___ \$10 ___ \$25 ___ \$50 ___ Other \$ ___ (helping those that can't pay...play!)

Total enclosed: \$ _____ (= Club Fee + Uniform + optional donation)

PAYMENT DUE IN FULL WITH THE RETURN OF THIS COMMITMENT FORM

*** If you require an additional payment option please email Christi Sparrow at christimf@yahoo.com ***

New players: How did you hear about SA United Soccer Club _____

I hereby release SA United Soccer Club, its staff members and trainers from any and all liability resulting from injuries, illness, negligence or losses that my child may suffer while participating in the SA United program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give permission to a staff member to provide such care. By signing below I give permission for my child to be photographed or video taped and for those images to be used by SA United for future promotions.

PRINT PARENT/GUARDIAN NAME _____ SIGNED _____ DATE ____/____/____