

Topanga Recreation @ Community Club

TR@CC! SOCCER SIGN UP!



**SPRING
2010**

- o Fun
- o Fair Play
- o Fundament

Name of Player: _____ Sex: _____ Birth Date: ____/____/____ Age: _____
 (Last) (First)

Address: _____ City: _____ Zip: _____ Phone: (____) ____ - _____

School: _____ Grade: _____ E-Mail: _____

Please circle best 2 days to practice; "X" through those you can't: **Mon Tues Wed Thurs Fri**

Parents with whom you wish to car pool: _____

Child's Skill Level: Beginner Intermediate Advanced I CAN VOLUNTEER- COACH OTHER

Parent/Guardian(s) name(s): _____ Work Phone: (____) ____ - _____
 (Last) (First)

Parent/Guardian(s) name(s): _____ Work Phone: (____) ____ - _____
 (Last) (First)

Emergency Contact: _____ Work Phone: (____) ____ - _____
 (Last) (First)

Youth Program Agreement

1. I hereby certify that my child is in good health and capable of safe participation in the Topanga Community Club youth sports program.
2. I assume all risk(s) and hazards related to the conduct of this program and for the transportation to and from the program. I hereby authorize the TCC to obtain emergency medical treatment for my child in the event that parent(s) and/or the emergency contact cannot be reached.
3. I will have a parent or guardian present at all times for practices and games and will not have coaches transport my children.
4. I agree that youth sports programs entail participation, fun, physical fitness, health, skill development, teamwork, fair play, family involvement, and good sportsmanship.
5. I agree to abide by the Topanga Community Club Sports Program rules at all times. All team members, coaches, parents, supporters, and players must commit to a high standard of conduct at all times. TCC Rules are to be observed at all times. Violations with regards to the use of profanity, loud or rowdy behavior, ridiculing players, fans, referees, fighting, arguing, or illegal activities may result in the suspension from the league and from the Topanga Community Club grounds.

Signed: _____ Name Printed: _____
 Signature of parent or guardian Date

Youth Program Parent Permission Form

The undersigned as parent or legal guardian of _____ hereby authorizes the TCC and its delegated staff and directors to consent to any emergency medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of section 25:8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the TCC will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the TCC and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the TCC in conjunction with any authorized event.

After TCC Family Membership is paid with first Registration, other children pay lower rate!

Signed: _____ Date
 Parent or Legal Guardian

Credit Card #: _____ at: \$ _____

Name on Card: _____

Expiration Date: _____ 3 digit security code: _____

Card's Billing Address**: _____

**check box here if card's billing address is same as above

<p>Please check one:</p> <p><input type="checkbox"/> Pee Wee: 3 - 4 yrs old</p> <p><input type="checkbox"/> Division I: 5 - 6 yrs old</p> <p><input type="checkbox"/> Division II: 7 - 8 yrs old</p> <p><input type="checkbox"/> Division III: 9-10 yr old</p> <p><input type="checkbox"/> Division IV: 11-12 yr old</p> <p><input type="checkbox"/> Division V: 13-14 yr old</p>	<p>Fees:</p> <p>101 Members: \$125</p> <p>Others: \$175*</p> <p>*Includes annual TCC Family Membership @ \$50</p> <p>25 late fee after 3/20/10</p>	<p>Make Check Payable to:</p> <p>Topanga Community Club</p> <p>Please mail to:</p> <p>P.O. Box 652, Topanga 90290</p>
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REFUND POLICY: After registration deadline- March 20, refunds are allowed less \$15 processing fee. After first scheduled game, an additional \$40 is deducted from refunds returned to cover cost of uniforms and player insurance. NO REFUNDS will be approved after the fourth game of the season.

I would also like to add a Field Improvement Donation of: \$10 \$25 \$50 \$100 Other- \$ _____ or ask about league sponsorship!

For Office Use Only

Date: _____ Amount Paid: \$ _____ Check#: _____ Cash: _____ Credit Card: _____ Account: _____

Name on Card _____ Staff Initials _____ Receipt # _____ Scholarship Amount _____ %