



Tamarac Youth Soccer League REGISTRATION FORM

(Please print clearly)

Player's Name: _____

Address: _____ City: _____

Date of Birth: ____/____/____ Age: _____ Circle One: Male Female

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____

Please circle size for uniform: YS YM YL AS AM AL AXL AXXL

REGISTRATION FEES:

First Child: \$80.00 **PLUS** \$20.00 for a mandatory league fundraiser

Each Additional Child: \$80.00

REFUND POLICY:

Refunds can be issued prior to the start of games. Once games have started, **NO** refunds will be issued.

INSURANCE:

A portion of your fee goes to pay for liability medical insurance for the participants. The policy has a \$100,000.00 per incident limit with a deductible of \$100.00. This is an **excess insurance** policy, which means that coverage is only payable after the participant has exhausted the limits of his/her family insurance.

By signing below, I acknowledge that I have read and understand the above information. I also declare that the information given on this form about the player is true and correct. If it is later determined that false information was intentionally given, I understand that my child will be removed from the league and I will not be entitled to any refund of fees.

Parent/Guardian Signature: _____ Date: ____/____/____