



PORT CITY SOCCER CLUB

Spring 10 Port City STORM Registration



Registration Deadline is February 1, 2010
Practices begin mid-January

Please check correct age group:

- U10** (birth dates 8/1/99 – 7/31/00)
 U11 (birth dates 8/1/98 – 7/31/99)

- U12** (birth dates 8/1/97 – 7/31/98)
 U13 (birth dates 8/1/96 – 7/31/97)
 U14 (birth dates 8/1/95 – 7/31/96)

Fall 09 Registration Rates:

- Registration Dues ... 150.00
 Monthly Dues 50.00 (Feb - May) = 200.00)

Payment dates:

- 2/1 – 150.00 (Reg fee)
 3/1 – 100.00 (1st payment)
 4/1 – 100.00 (2nd payment)

Total due = \$

Please make all checks / money orders payable to:

Port City Storm
 6627 Market Street
 Wilmington, NC 28405

OR pay with credit card! Contact Jodie@portcitysoccer.org

Tournament fees, travel expenses and uniforms / gear are in addition to the above amounts.

Player's First Name:

Player's Last Name:

Date of Birth: Mo. Day Yr.

Gender: Male Female

Home Address:

City: State: Zip Code:

Mother's Name:

Father's Name:

Best # to Reach Mother:

Best # to Reach Father:

**** Please provide e-mail for cancellations / schedule changes / updates:**

Did you play for Port City Soccer Club Fall 09? Yes No

If yes, please list team name: **Age Group:** **Coach:**

How many seasons of soccer experience does your child have?

VOLUNTEERS & SPONSORSHIPS

WE ARE A GREAT COMMUNITY VOLUNTEER ORGANIZATION - PLEASE HELP OUT WHENEVER & WHEREVER YOU CAN !

Tournament Sponsor Team Manager Field Maintenance Fundraising / Sponsorships

I would be interested in sponsorship opportunities: Sponsor Contact: _____

Sponsor Name: _____ Sponsor Phone: _____

Parental Permission / Waiver of Liability: Signature Required!

I, AS A PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER/PARTICIPANT, DO HEREBY GIVE MY APPROVAL TO MY CHILD'S PARTICIPATION IN ANY AND ALL ACTIVITIES OFFERED BY THE PORT CITY SOCCER CLUB (PCSC) . I ASSUME ALL RESPONSIBILITY FOR HAZARDS INCURRED IN THE CONDUCT OF ACTIVITIES, AND ALSO THE TRANSPORTATION TO AND FROM ACTIVITIES, AND I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE PCSC, US CLUB SOCCER, US SOCCER FEDERATION AND ALL OTHERS LISTED HEREAFTER: ORGANIZERS, EMPLOYEES, OFFICERS, BOARD MEMBERS, COACHES, REFEREES, SPONSORS, SUPERVISORS, AND LANDOWNERS PERMITTING USE OF THEIR LAND FOR SOCCER ACTIVITIES, ANY AND ALL OF THEM. I FURTHER AGREE TO ABIDE BY ALL THE RULES, REGULATIONS, AND DECISIONS OF THE PCSC AND AGREE TO ACCEPT ANY DISCIPLINARY ACTION TAKEN BY THE PCSC'S BOARDS, OFFICERS, OR REFEREES. I UNDERSTAND THAT MY CHILD'S PHOTOGRAPH MAY BE TAKEN DURING EVENTS AND GAMES BY PCSC PHOTOGRAPHERS AND MAY BE PUBLISHED THROUGH VARIOUS PCSC AFFILIATED MEDIAS INCLUDING, BUT NOT LIMITED TO, THE PCSC WEBSITE, CLUB NEWSLETTERS, AND PCSC BROCHURES. IN CASE OF ANY INJURY TO MY CHILD, I WAIVE ALL CLAIMS AGAINST THE PCSC, ORGANIZERS, SANCTIONING BODIES, COACHES, SPONSORS, S.A.W., LANDOWNERS, PENDER CO., KIWANIS OR ANY OF THE SUPERVISORS APPOINTED BY THE PCSC.

Please list any medical concerns (including contact lenses):

BY SIGNING BELOW, I AGREE TO AND UNDERSTAND ALL OF THE ABOVE:

Signature of Parent/Guardian: _____