

HBC SOCCER PROGRAM



HBC INTERLEAGUE REGISTRATION FALL 2010

TEAM NAME _____

TEAMS PICK ONE OF THE BELOW CHOICES FOR REGISTRATION

Registration Fees : INTERLEAGUE/ FALL SEASON	\$100.00	
INTERLEAGUE/ FALL SEASON & US CLUB 1YR	\$150.00	
US CLUB ONLY 1 YR	\$100.00	

ALL INFORMATION ON WWW.HBCSOCCER.COM

Refund Policy

1. NO REFUND OF REGISTRATION FEE WILL BE PAID SHOULD THE PARTICIPANT WITHDRAW AFTER BEING REGISTERED ON A TEAM
2. APPLICATION CANNOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETED AND PROPER PAYMENT ACCOMPANIES FORM

MAKE CHECKS PAYABLE TO: **HBC**

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PRINT CLEARLY, Incomplete applications will NOT be processed.

Child's Name - First		Home Telephone Number	
Last			
Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	First Name (Father's)	First Name (Mother's)
Street Address, Town & Zip Code			
Date of birth (mm/dd/yy)			
Family Doctor's Name & Telephone Number			
Medical Limitations - Please specify			
Previous Experience? If Yes, Specify Program		Last Season Played	
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<p>HBC runs on Volunteer Power. Please indicate preferred area of participation.</p> <p>CLUB DUTIES <input type="checkbox"/></p>			
EMAIL ADDRESS (print clearly)			
SCHOOL DISTRICT			

Program Use only

Today's Date

Amount Paid

Cash _____
Check _____

Received by _____

Name of present Family Medical Insurance Carrier _____

(required)

Huntington Boys Club (HBC) provides secondary insurance

I, as parent and/or guardian, understand and agree that, unless I have expressly notified the HBC Soccer Program of any physical handicaps, they may assume the registrant to be in good physical condition and able to participate in activities without limitation.

I am responsible for providing transportation to and from all games and practices.

I will accept responsibility for abiding by all the rules and regulations of the HBC Soccer Club.

Parent or legal guardian's signature

Web Site:

WWW.HBCSOCCER.COM

HBC Soccer Club

P.O. Box 1332, Melville, New York 11747

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