



# In-House Spring Soccer 2017

## LEAGUE PLAY

5 Divisions: Pre-K thru 8  
10 weeks beginning April 10, 2017

**COST: \$100 (Early)**

**PLUS 2017 MEMBERSHIP FEE = \$30**

Sign-Ups from Feb. 20 – March 18

Late Sign-Up Fee - **\$110**

**Fees are to be paid at time of registration.**

**Return this form with payment to:**

The Boys & Girls Club of Santa Barbara, 632 E. Canon Perdido St., Santa Barbara, CA 93103

**Contact: Kim Kjar, 805-962-2382 Ext. 30**

**Uniforms are to be returned at end of season!**

## BGCSB Event Registration Form – In-House Soccer 2017

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: (Check One) \_\_\_ Youth Small \_\_\_ Youth Med \_\_\_ Youth Large \_\_\_ Adult Small  
\_\_\_ Adult Med \_\_\_ Adult Large \_\_\_ Adult XL

### Parent/Guardian Emergency Contact Info

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give permission for my child to participate in Spring Soccer 2017 at the Boys & Girls Club of Santa Barbara, I understand that the Boys & Girls Club of Santa Barbara and its personnel are not responsible for personal injury or loss of property. I hereby release the Boys & Girls Club of Santa Barbara, Inc. from any liability for any injury incurred by my son or daughter. I give my consent to his or her being examined and treated by a physician or hospital at any time the management of the Boys & Girls Club of Santa Barbara, Inc. thinks it is necessary. I hereby give permission to allow my child's picture be taken and used for Club promotional purposes while involved in Boys & Girls Club activities.

X \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date