



REGISTRATION FORM

NEW PLAYER RETURNING PLAYER

PLAYERS NAME: _____

PLAYERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: ____/____/____ GENDER: MALE FEMALE

PLAYER'S EMAIL ADDRESS: _____

FATHER

MOTHER

NAME: _____ NAME: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____ EMAIL: _____

VOLUNTEER INFORMATION

The success of this program depends on volunteer participation. Coaches training will be provided. Please check one of the following to indicate in which area you prefer to help.

*Head Coach _____ \$75.00 discount will be applied.

*Assistant Coach _____ \$50.00 discount will be applied

Team Manager _____ \$25.00 discount will be applied

**All Coaches must pass a background check.*

***THIS FORM MUST BE ACCOMPANIED WITH THE FOX VALLEY WARRIORS
RELEASE/MEDICAL WAIVER AND APPEARANCE AGREEMENT IF NOT ALREADY ON FILE.***

A deposit of \$200.00 is due at the time of registration. There is a \$10.00 late fee for payments received 10 days after the due date.

FINANCIAL AGREEMENT

I agree that my child's membership with the Fox Valley Warriors Soccer Club, Inc. requires that he/she attend practices, competitions, and tournaments regularly, and that he/she is committed to playing the entire season. I understand that I am responsible for paying his/her season fee in its entirety regardless of the number of practices or competitions in which he/she participates in. I understand that these fees do not include the cost of uniforms, travel expenses, or other extraordinary costs.

I further understand that if this account is submitted to collections due to non-payment of any fees, then the cost of collection shall be added to the balance of the account and I will be solely responsible for this fee.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____