

Authorized Signature:

SURREY FOOTBALL CLUB (SFC)

Registration Form 2018/2019 Season 8776 140th Street PO Box 16541 Bear Creek, Surrey, BC V3W 2P5 www.surreyyouth.com

604-356-2414 | 604-309-6960





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			PLAYER	INFORM	IA٦	TION					
NAME								GENDER		Female	Male
	FIRST				LAS	ST		•	-	PLEASE (CIRCLE
ADDRESS STREET								DATE OF BIRTH			
		CITY			POSTAL CODE				MONTH DA	AY YEAR	
CONTACT											
	TEXT NUMBER				PHO	ONE NUMBER]	EM.	AIL ADDRESS	
PARENT/GUARDIAN RELATIONSHIP		NAME			CONTACT NUMBER				EM.	AIL ADDRESS	
MEDICAL INFO											
LIST ANY MEDICAL CONDITIONS				EMERGENCY NAME						ONE NUMBER	
TEAM											
	PREVIOUS CLUB/TEAM/C	OACH			SPE	ECIAL REQUEST	Γ				
			REGIST	TRATION	FE	ES					
Temple United Spring '18 Program runs from April-mid July Fall '18 Program runs from September-early March		BASE REGISTRAT		TION	CLUB COAC		CLUB COACH F	EES			
		SPRING '18	FALL '18	FULL YEAR		SPRING '18	FALL '18 - 1 Practice & Game weekly	FALL '18 - 2 Practices & Game weekly		Total Ar	mount
U3 (2016), U4 (2015)		\$ 100	\$ 250	\$ 300		N/C	N/C	N/C			
U5 (2014), U6 (2013), U7 (2012), U8 (2011), U9 (2010)		\$ 200	\$ 300	\$ 450		\$ 100	\$ 175	\$ 250			
U10 to U18 Div 2,3,4		\$ 200	\$ 325	\$ 475		\$ 100	\$ 175	\$ 250			
U10 to U18 Div 1, Select, Dev		\$ 200	\$ 375	\$ 525		\$ 100	\$ 175	\$ 250			
		Fuli	Year Pricing o	only available	to M	ay 31, 2018					
	All players born in 200	8 and new play	ers to SFC (U1	1-U18) must a	ttach	n a 1x1 colour p	hoto and birth certi	ficate copy			
	Please make ched	ques payable to	Surrey Footb	all Club ** N	SF ch	neques will be ch	arged \$25 processing	fee **			
	All programs subs			t be submitted p rreyyouth.com			18. Eg. Kidsport, Jum	pstart			
			TERMS a	nd CON	TIC	IONS					
	y for myself, my heirs, executors and adm. entatives, Surrey Youth Soccer Association m(s).			-							
Fraser I of the i	ing this application, you are consenting or District Association and Surrey Youth Socc Information is to obtain insurance and for w more about the privacy polices of BC Soc	er Association. The use in necessary d	e personal inform isciplinary procee	ation you provide dings. The persor	will b	be used for purpos formation will not	es reasonably associated	d with your child's enrolm	ent	as a soccer player.	The main use
	rize Surrey Youth Soccer Association to us led for providing this authorization.	e photographs or v	videos of me or m	y child for promot	ional	or educational pu	rposes in any type of me	dia, including its website.	l ui	nderstand that I wi	II not be paid o
Name (Print) Signature							Relationship			Date	
Club Use only: Paid Amount: Cheque #:			Cro	edit Card #:					-	oiry: S#:	
Faid Amount.	Crieque #.								CV.	J#	
Curron Foothall C	Tub		20	18 RECEIPT						w currousouth	ım
Surrey Football C Temple United	iuu								wW	w.surreyyouth.co	<u>m</u>
8776 140th Stree	et ear Creek, Surrey, BC V3W 2P5									604-356-2414 604-309-6960	
PO BOX 16541 Be	ai cieck, Juiley, DC V3W ZP3				DI~	ver Name:				00 4 -303-6900	
raiu DV:						ver indille:					

Date Received:

Amount: