

Tri-County Soccer Club

PO Box 51421

Piedmont, SC 29673

(Make checks payable to TCSC)

WWW.TCSC.ORG



For Official Use Only

Birth Cert. _____ Date Received _____

Paid \$ _____ Check No. _____

Spring 2010 Registration Fees:

U6 - \$60 _____ (Born after July 31, 2003)

U8 - \$80 _____ (Born August 1, 2001 – July 31, 2003)

U10 - \$100 _____ (Born August 1, 1999 – July 31, 2001)

U12 - \$110 _____ (Born August 1, 1997 – July 31, 1999)

U14 - \$120 _____ (Born August 1, 1995 – July 31, 1997)

U16 - \$130 _____ (Born August 1, 1993 – July 31, 1995)

U18 - \$140 _____ (Born August 1, 1991 – July 31, 1993)

(There is a \$5 discount per additional child.)

(Uniform must be ordered separately for all age groups)

U10 –U12 Academy Fees - \$155 _____

U13 - U18 Classic Fees: \$175 _____

U13/U18 Challenge Fees - \$185 _____

Please check one of the following if you are willing to volunteer for: Coach _____ Asst. Coach _____ Team Manager _____

New Player: _____ Previous Team _____ Team Preference _____

Name _____ Sex: Male _____ Female _____ Birth Date ____ / ____ / ____
(as it appears on the birth certificate) mm dd yy

Address _____ City _____ Zip _____ County _____

Parent's Names (Father) _____ (Mother) _____

Telephone (H) _____ (Father Wk) _____ (Mother Wk) _____

Mobile (Father) _____ (Mother) _____ E-mail _____

Employer (Father) _____ (Mother) _____

Current Jersey Number _____

New players must include a copy of birth certificate along with registration form. There will be a late fee of \$15.00 for all registrations after the last designated registration date. A \$10.00 administration fee will be deducted from all refunds. NO REFUNDS after August 1st (Fall) and January 31st (Spring).

MEDICAL RELEASE FORM

Insured's Name _____

Primary Medical Insurance Company _____

Known allergies or other pertinent medical information _____

Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer/USSF/SCYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify US Youth Soccer/USSF/SCYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant the coach and/or assistant coach permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment of my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PARENT'S CODE OF CONDUCT

I hereby pledge to provide positive support and encouragement for my child and officials participating in youth soccer by following the Code of Conduct:

- I will not address the referee during the game, the only exception being to point out emergencies or safety issues. (After the completion of the game, you may politely ask for the referee to explain the rules surrounding a call made during the game.)
- I will not coach from the touchline. If I do, I may confuse, distract, or frustrate the players as well as contradict a coach's instruction.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials.
- I will treat other players, coaches, fans and officials with respect.
- During games I will stay at least three feet from the touchline and completely away from the area behind the goal and the player/coach touchline.
- I will encourage fair play.
- I will de-emphasize winning and losing.
- I will applaud good plays by members of my team and the members of the opposing team.
- I will not bring alcohol or illegal drugs inside the soccer complex.
- I will not use profanity around players, fans and officials.
- I will remember that my child is the one playing soccer, not me.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I give my permission to have my child photographed during the games or practice for use on the website, newspaper, media or for sponsorship information. Please initial here: _____
