

Season
Fall 2010

Fees

Sunday Soccer (U4-U5) - \$65
Intramural (U6-U8) - \$140
Recreational (U9 and older) - \$175

For uniform info. for U9 and up
call the office at 981-6629

Birmingham United Soccer Association
Developmental Programs
Membership Registration Form

Mail to: Birmingham United Soccer Association
Attn: Registrar
19220 Hwy 280 E.
Birmingham, Al 35242
www.birminghamunited.com



League (please check one) Recreational Intramural Sunday Soccer

Program Location : North (Mountain Brook) South (Shelby County)
(Required Information)

Player Information:

Last Name: _____ First: _____ DOB: _____ M/F: _____

Address: _____ City: _____ St: _____ Zip: _____

H Tel: _____ Main Email: _____ School: _____ Grade: _____

Doctor Name: _____ Doctor Phone: _____

(Please List any Medical ailments or prohibitions if any) : _____

What is the team name and coach of the last team played on? _____

Parents/ Guardians Information

Coaching Volunteer : Head Asst.:

Name: _____ Work Tel: _____ Cell Tel: _____

Email: _____ Relationship: _____

Name: _____ Work Tel: _____ Cell Tel: _____

Email: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____

(If different from above)

In consideration of the Birmingham United Soccer Association, American Soccer Club and Mountain Brook Soccer Club allowing my child to play in its program. I acknowledge the following:

- 1. The club has a policy of No Refunds.*
- 2. I hereby agree to hold harmless Birmingham United Soccer Association, American Soccer Club and Mountain Brook Soccer Club and any officer, director, agent, representative, member, employee or coach thereof from any and all liability for the injury to my child which may result directly or indirectly from the player's participation in the soccer program. I recognize that soccer is a contact sport producing strenuous physical exercise and I assume all risk inherent therein. I believe the player to be in good physical health and able to fully participate in the soccer program. I further authorize any representative of the Birmingham United Soccer Association, American Soccer Club and Mountain Brook Soccer Club to render first aid and to secure medical treatment and transport as my representative if, in the opinion of said representative, such treatment appears necessary or desirable.*

ALL PLAYERS NEED SOCCER SHOES AND SHIN GUARDS FOR PRACTICE SESSIONS AND GAMES

Parent /Guardian Signature

Print Name

Date

Check Payment Information:

Ck. # _____ Amt. \$ _____

Amt. Applied to this Registration:
\$ _____

Credit Card Information:

Name: _____ Card Type: _____ Exp: Date: ____/____/____

CID# _____ Card #: _____ Amt. _____