

Season
Spring 2012

Fees

Sunday Soccer U4 - \$ 55
 U5 - \$ 75
Recreational U6 - \$110
 U7 - \$135
 U8 - \$135
 U9 + \$165

Birmingham United Soccer Association
Recreational Soccer
Membership Registration Form

Mail to: Birmingham United Soccer Association
3576 East Street
Birmingham, AL 35243
www.birminghamunited.com



Program: (circle one) **Recreational** **Sunday Soccer**
Program Location: (circle one) **NORTH (Mt Brook)** **SOUTH (North Shelby County / Chelsea Area)**

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 conditions: _____
If you played in the Fall 2011, would you like to return to the same team? _____

Parents/ Guardians Information

Coaching Volunteer: Head Coach Assist Coach

Name: _____ Work Tel: _____ Cell Tel: _____
Email: _____ Relationship: _____
Name: _____ Work Tel: _____ Cell Tel: _____
Email: _____ Relationship: _____
Address: _____ City: _____ St: _____ Zip: _____

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.*

Parent /Guardian Signature

Print Name

Date

Check Payment Information:

Ck. # _____ Amt. \$ _____
Amt. Applied to this Registration:
\$ _____

Credit Card Information: (Master Card & VISA only)

Name: _____ Card Type: _____ Exp: Date: ____/____/____
CID# _____ Card #: _____ Amt. _____