Print Form | Submit by Email

N. B. A. A. - G.C.L.S. SOCCER

North Bellport Athletic Association

Global Community Life Services

1343 Montauk Hwy. East Patchogue, New York 11772 (631) 654-9284 Fax: 654-9297

www.nbaasports.org
www.vcog.com/nbaa
nbaa@nbaasports.org

INTRAMURAL-INTERLEAGUE-TRAVEL SOCCER REGISTRATION

REGISTRATION FEE:
- ☐ $170.00 Travel/includes Uniform
- ☐ $ 80.00 Spring or Fall Travel
- ☐ $ 80.00 Fall & Spring Inter-league & Intramural
- ☐ $ 45.00 Inter-league/Intramural

Make check payable to (GCLS-NBAA)
(Non Refundable. See below for exceptions)
Returned check(s) subject to $35.00 fee or more.

AGE: 5 *to 19 (Male or Female)* Proof of age and photo required. (Birth certificate or Passport)

SEASON: Spring/Fall _____ *Reg. Date* 3/17/07 *Check/Cash:* _____ *Amount:* _____ *Registrar Initials:* _____

Date: _____

Applicant Receipt Copy Detach at Dotted Line.

PLAYER INFORMATION

Name _____ Gender _____ Birth Cert. _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____ Age _____ Grade _____ School _____

Medical Condition(s)/Allergies _____

Sponsor(s) _____

Uniform Size: Shirt(s) _____ Shorts _____ Warm-up Top(s) _____ Warm-up Pants _____

PARENT/GUARDIAN INFORMATION

Father _____ Work Number _____ Occupation _____

Mother _____ Work Number _____ Occupation _____

Emergency Contact Person _____ Phone _____ Relation _____

I/We the parents/guardian of the above name give our consent for participation in the NBAA and hereby claim that he/she is in perfect physical condition to participate. Furthermore, we the parents/guardians of the above named, hereby assume all risks and hazards incidental to such participation including transportation to and from such activities; and hereby waive, release, absolve and indemnify and agree to hold harmless the North Bellport Athletic Assoc., Global Community Life Services, Victory Church of God, or any other sponsor, supervisor or participants transporting our son/daughter to or from activities for any claim arising out of injury to our son/daughter, except to the extent and in the amount covered by accident or liability insurance. I/We, agree to return within 7 days or sooner, after notification, the uniform and any other equipment issued to my/our son/daughter.

Parent(s)/Guardian Signature _____ **Date** _____

EMERGENCY MEDICAL AUTHORIZATION

I the undersigned parent or legal guardian of the participant, a minor, hereby authorizes the managers, coaches or parents of team members acting in the capacity of supervisors/ vehicle drivers, as my agent, to consent to medical, surgical or dental examination and/ or treatment. In case of emergency I hereby authorize treatment and/ or care by any qualified, licensed physician who is available.

Signed _____ **Date** _____ INS. CARRIER _____

Witness _____ **Date** _____ **Policy No.#** _____

PARENTS/GUARDIANS EXPERIENCE OR VOLUNTEER INTEREST

☐ Concession Worker ☐ Maintenance Field Worker ☐ Coach/Asst. ☐ Offical ☐ Manager

☐ Scorekeeper ☐ Team Parent ☐ Fundraiser

Refunds Info.: A $25.00 deduction is non refundable, request must be submitted in writing to the office within (3) days of registration. No refunds allotted for any disciplinary actions, club and/or affiliates violations, or club transfers after the (3) days.

OFFICIAL USE ONLY

Check/Cash: _____ Date: _____ Amount: _____ Registrar: _____ Season _____

REV.030107