



SOUTHWEST UNITED SOCCER CLUB

P.O. Box 740264, Houston, Texas 77274

Website: www.southwestpremier.com Phone: 713-993-6049

Amount Due: _____

Amount Paid: _____

Balance Due: _____

Official Use only: U-____ Boys____ Girls____ Circle Receipt: Birth Certificate - Medical Release

NAME OF PLAYER (Birth Certificate Name Only) FOR SPRING 2012 SEASON:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth ____/____/____ Male: _____ Female: _____

Mailing Address _____ Apartment No. _____ City: _____ Zip Code: _____

Home Phone _____ Parent Daytime Phone Nos. _____/_____

Mother's Name: _____ Cell Phone _____ E-Mail address: _____

Father's Name: _____ Cell Phone _____ E-Mail address: _____

SPRING 2012 FEES (age as of August 1, 2011):

Ages U8-U10: \$85.00 plus \$25 uniform fee if needed; **Ages U11-U14:** \$95.00 plus \$25 uniform fee if needed; **Ages U15-U19:** \$110.00 plus \$25 uniform fee if needed. *Additional League Fees may be charged to Division I, Super II and Competitive Division 11 players.*

Uniform Sizes: Y=Youth; A=Adult SOCKS: Regular (Youth) King (Adult)

SHIRT: XYS YS YM YL AS AM AL AXL **SHORTS:** XYS YS YM YL AS AM AL AXL

Recreational _____
Competitive _____

(Make check/money order to Southwest United)

Form of Payment at Registration: _____ Check/M.O. No. _____; Cash _____.

(\$20:00 non-refundable (Administration fee) Minimum Down- Payment Required at Registration)

PARENTAL SUPPORT: Coach _____ Asst Coach _____ Referee _____ Sponsor _____ Fund Raising _____ Field Maintenance _____

***ALL FEES MUST BE PAID IN FULL BEFORE THE FIRST GAME OF THE SEASON. A \$20.00 special handling fee may be charged for each late payment. Player may be denied a uniform and/or be barred from practices and playing in games and/or dropped from the team without notice if Total Due is NOT paid in full and a copy of a birth certificate is NOT provided to the Club Registrar and a medical release is NOT provided to the player's coach and/or if player fails to attend practices and/or games.**

NO REFUND OF PAYMENTS UNLESS PLAYER IS NOT INITIALLY PLACED ON TEAM ROSTER BY CLUB. By the parent or guardian signing this application on behalf of player and parent or guardian, Club Registrar is hereby granted special power of attorney to consent to and sign any transfer, release, add, and/or drop form on behalf of such player and parent or guardian to effect such roster changes.

PAYMENT INSTRUCTIONS: Please make payments payable to Southwest United. Obtain and keep signed and dated receipts to help prove payment by cash, checks, &/or money order (M.O).

TO REGISTER BY MAIL: complete and sign this form and mail with your check or M.O. in the applicable amount payable to Southwest United with a copy of the player's birth certificate to Southwest United, P.O. Box 36896, Houston, Texas 77036. **Do NOT send cash in the mail.**

OTHER AGREEMENTS AND INDEMNIFICATION & RELEASE OF ALL CLAIMS: I, individually, and also as the undersigned parent/guardian of the Registrant (Player) on behalf of the Registrant, hereby agree as follows: The Registrant and I will each abide by the rules of Houston Southwest Youth Soccer Club, Inc., a Texas non-profit corporation, operating under the assumed name of Southwest United, (the "Club"), and USYSA, STYSA, HYSYA, and affiliated organizations and sponsors and their soccer programs and activities. Recognizing the possibility of physical injury associated with soccer and, in consideration of the Club accepting subject to the above terms and conditions the Registrant for its soccer programs and activities (the "Programs"), I hereby release and discharge and indemnify and hold harmless the Club, USYSA, STYSA, HYSYA, and affiliated organizations and sponsors, and their respective employees and associated personnel and volunteers, including but not limited to their officers, directors, coordinators, referees, trainers, and the owners of fields and facilities utilized for the Programs, from and against any and all claims by and/or on behalf of the Registrant and/or by me as a result of the Registrant's and/or my participation in the Programs and/or being transported to or from the same, which participation and/or transportation I hereby authorize, and/or as a result of the failure by Registrant and/or me to comply with the policies and rules of the Club and the Programs. I also agree to all of the terms and conditions of this registration application and to pay the Total Due as stated above. I also understand and agree that I am solely responsible for providing the Registrant's coach with the Registrant's STYSA medical release form at the Registrant's first practice.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____