SURREY FOOTBALL CLUB CENTRAL CITY BREAKERS FC REGISTRATION FORM 2019/2020

604-356-2414 / 604-596-GOAL (4625)

REGISTRATION Sept 2019-June 2020 604-356-2414 / 604-596-GOAL (4625)

www.surreyyouth.com www.ccbsoccer.com

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Colour Picture and birth certificate copy is required of players: Born in 2009 New to SFC/CCB

Attach 1x1 Colour **Photo Here**

	PLAYE	R INFORMATION		
				FEMALE MALE
FIRST NAME	MIDDLE NAME		LAST NAME	GENDER (Circle)
AAAAA / DD / MAAA				
DATE OF BIRTH	WHATS APP NUMBER	OTHER NUMBER	EMAIL ADI	ORFCC
DATE OF BIRTH	WHATSAFF NOWIDEN	OTTILK NOWIBLE	LIVIAIL ADI	JNL33
FULL ADDRESS			CITY	POSTAL CODE
TOLE ADDICESS			CITI	TOSTAL CODE
PARENT/GUARDIAN NAME	CONTACT INFO		EMERGENCY CONTACT	CONTACT INFO
77.112.117, 367.112.111.111.111.11	commer iiii c			
MEDICAL ISSUES				HEALTH NO.
WEDICAL ISSUES				TIEAETT NO.
PREVIOUS TEAM / COACH			SPECIAL REQUEST	
The vices Termin y conten	RE	GISTRATION	ST ECHTE TIE QUEST	
Pogistration foos for fu	ıll year: SEPTEMBER 2019 - JULY 2		d coaching foos for Fall and St	oring Soccor
	ade to find a volunteer coach. Staff			~
		com, www.ccbsoccer.com for re		
	Program	F	all Fees (Sept-March)	Full Year Fees (Sept-Jul
U3/U4 Future Stars	1 weekly practic	ce	\$200	\$275
U5 (2015) - U7 (2013)	1 practice and game v	weekly	\$350	\$525
Circle 1 preferred practice day:	Wed Th	urs		
U8 (2012) - U10 (2010)	2 practices and game	weekly	\$625	\$800
Circle 2nd day of practice:	Mon and 1 of: Tues Wee	d or Thurs		
U11 (2009) - U12 (2008)	Div 2/3		\$625	\$800
U11 (2009) - U12 (2008)	Select, Div 1		\$750	\$925
U13 (2007) - U18 (2002)	Div 2/3		\$675	\$850
U13 (2007) - U18 (2002)	Select, Div 1		\$775	\$950
Volunteer Coached teams: Deduct \$250)			
Payment plans are available: Pay 50%	now, 25% October 1, 25% Novem	nber 1		
	TERMS	AND CONDITIONS		
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<u>AIVER:</u> I hereby for myself, my heirs, executors and creation representatives, Surrey Youth Soccer Assoc	,	,	, ,	, , , , ,
ile competing in connection with the program(s).	acion, surrey restaur eras and ecinical	only Breakers to representatives jo	i any ana an'injan'es et lesses saj	jerea sy my emia, namea on ems jerm,
IVACY POLICY: By signing this application, you are sociation, the South Fraser District Association, Surn				
ur child's enrolment as a soccer player. The main us	•			
rties other than as stipulated unless required by law	. If you wish to know more about the p	rivacy polices of BC Soccer Associat	ion and its members, please cont	act the BC Soccer Association.
EDIA: I authorize Surrey Youth Soccer Association a		ographs or videos of me or my child	for promotional or educational p	ourposes in any type of media, includin
website. I understand that I will not be paid or rew	arded for providing this authorization.			
NAME (PRINT)	SIGNATURE	D	ELATIONSHIP TO PLAYER	DATE
r club use only	JONATORE	N	LE THORSEIN TO FLATER	DAIL
Payment Method: Cash Chequ	e Debit Credit		Paid Amount:	
Cheques to be payable to: Surrey Football	Club			
Payment Auth #:	Date:		Received by:	

PLAYER NAME

ACCEPTED BY

DATE

PAID AMOUNT