



Bay Shore Soccer Club
PO Box 264
Bay Shore, NY 11706
(631) 666-3884

www.bayshoresoccer.org

Date: _____

Registration Form

Season: Spring _____ Fall _____

Date: _____ Age: _____ Date of Birth: ___/___/___

Child's Name (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) Name (Last, First): _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Uniform Size (If being purchased): Y/S ___ Y/M ___ Y/L ___ A/S ___ A/M ___ A/L ___

Please note any special condition you feel either the Club or your child's coach should be made aware of: _____

Registration Fee: First Child: \$75; Second Child: \$70; Third Child: \$65; Uniform: \$40

Payment Method: Cash _____ Check _____ Check Number: _____

Areas of Interest:

Coach _____

Field Maintenance _____

Assistant Coach _____

Committee Member _____

Registration _____

Division Chairperson _____

Parent's Declaration

In registering my child, I understand that I, as parent or guardian, am obligated to perform certain tasks or duties as may be assigned by the Executive Board consistent with the operational needs of the Club. Failure to show reasonable effort to perform these duties will result in the termination of this registration with forfeiture of all fees paid.

Parent or Guardian Signature _____

Parents, once completed please make a copy of this form for your records.