



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

[www.bayshoresoccer.org](http://www.bayshoresoccer.org)

Date: \_\_\_\_\_

## Travel 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: \_\_\_\_\_

Team Name: \_\_\_\_\_

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

### **Registration Fee: \$75.00**

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 and Coaches: once completed please make a copy of this form for your records.