



Surrey Breakers Athletic Association (SBAA)

Box #34205 -17790 #10 Hwy, Surrey, BC V3S 8C4

Contact Info: Bryan Burns: 604-308-7909 / Website: www.surreybreakers.com

Dedicated to Girls' and Women's Soccer & Home of the Cloverdale Cup Tournament

SOCCER REGISTRATION 2010 – 2011

PLAYER'S NAME _____
Last First Middle

BIRTHDATE _____ PHONE # _____ CONTACT EMAIL _____
month/day/year

ADDRESS: _____
Number/Street City Postal Code

Father/Guardian _____ Mother/Guardian _____
Last Name First Name Last name First Name

NAME FOR TAX RECEIPT PURPOSES: _____

LAST CLUB, DIVISION & TEAM: _____

REFERRED TO SBAA BY: _____
(see # 9 below) Child's Last Name Child's First Name Child's Division

REGISTRATION INFORMATION

Registration form must be signed and completed in full. Missing information and documentation will delay the registration process as your registration will be returned to you. Please read the following carefully:

1. Registration fee, by **one** cheque, payable to SBAA. (NSF cheques will be charged a \$25.00 processing fee).
2. A \$30.00 processing fee will be charged for refunds given before August 1, 2010. NO REFUND after August 1, 2010.
3. U-10 Development and all U11 players must submit a photocopy of birth certificate and a 2"x 2" colour photo.
4. Players born in 1997 (U-14) and 1995 (U-16) and all Metro players must submit a new, updated color photo.
5. **New** players to SBAA (including U6) must submit a photocopy of birth certificate.
6. **New** players U10 and older must also submit a 2" x 2" colour photo.
7. *Players credited with referrals will receive, for each new referral, \$50 off next year's registration fee.

****FAMILY RATE** – First 2 registrations are full price. Additional daughters pay 50% off applicable registration fee. Please note that the 50% off is on the least expensive registration(s).

List other daughters (playing with SBAA) and their year of birth (and team, if known):

Name _____ Birth Year (& team) _____

Name _____ Birth Year (& team) _____

REGISTRATION FEES:

U-6 & U-7 (Born in 2005 – 2004)	-----	\$275.00 + \$25.00 TPF = \$300.00
U-8 to U-10 House (Born in 2003 – 2001)	-----	\$300.00 + \$25.00 TPF = \$325.00
U-10 Development, U-11, U-12 (Born in 2001 – 1999)	-----	\$320.00 + \$25.00 TPF = \$345.00
U-13 to U-18 (Born in 1998 – 1993)	-----	\$350.00 + \$25.00 TPF = \$375.00
METRO	-----	\$375.00 + \$25.00 TPF = \$400.00

***Team Participation Fund (TPF) will now replace the deposit for the parent participation fund (PPF) and uniform deposit.

WAIVER

I, the undersigned, a parent or legal guardian of the player herein registered, in consideration of good and valuable consideration, the receipt of which is acknowledged, for themselves, their heirs, executors, administrators, and assigns hereby release and forever discharge the SURREY BREAKERS ATHLETIC ASSOCIATION, SURREY BREAKERS GIRLS' SOCCER CLUB and/or the SBAA GIRLS SOCCER CLUB, its coaches, players and others involved in the activities of playing soccer from any and all actions, causes of actions, claims and demands for or by reason sustained in consequence of any activity of the soccer association and for the said consideration of the undersigned agrees not to make claim or take proceedings against any other person or corporation who might claim contribution of indemnity under the provision of any statute or otherwise. And, it is hereby declared that the terms of this release are fully understood. I, the undersigned, have read, understood, and agree to the contents of this registration form.

Print Name (parent/guardian): _____

Signature: _____ Date: _____

VOLUNTEER OPPORTUNITIES

Coach _____ Assistant Coach _____
Print Name Print Name

Manager _____ Executive/Committee _____
Print Name Print Name

COMMENTS/REQUESTS/MEDICAL CONCERNS:

Registrations can be mailed to the SBAA address noted on the front of the registration form, or dropped off at the following locations:

Fleetwood Community Centre at 15996 – 84th Avenue, Surrey

Cloverdale Recreation Centre at 6220 – 184th Street, Surrey

***** CLUB USE ONLY*****

DATE REGISTRATION RECEIVED: _____ AMOUNT PAID _____

CHEQUE DATE: _____ CHEQUE # _____

REFERRED BY: _____ DIVISION: _____