OCONEE FUTBOL CLUB

		010/2011 REGISTRA				ARAN	372
AYER NAME:AGE AS OF AUGUST 1, 2010: M/F							
DRESS:					_		
Υ		STATE		ZIP		FUTBOL CLI	JB
AYER'S HOME PHONE:		PRIMARY CON	ITACT HOME	PHONE:			
ERGIES / PHYSICAL OR N	1EDICAL CO	NDITIONS::				_	
EVIOUS CLUB/REC EXPER	IENCE:	SIE			& AGE):		
		PAREN	F/GUARDIAN	NFORMATION:			
FIRST NAME		LAST NAME		CELL NUMBE	B		
RELATIONSHIP	000	CUPATION		EMAIL			
			Secondary C	ontact			
FIRST NAME	OCCU			CELL NUMBER			
RELATIONSHIP			FOR OFFICE USI				_
JR ACADEMY		ACADEMY		SELECT		INDOOR	
FALL FEE	\$120	BASIC FALL FEE W/OUT UNIFORM	\$310	BASIC FALL FEE W/OUT UNIFORM	\$310	BASIC FEE	\$60
INCLUDES UNIFORM		BASIC FALL FEE W/UNIFORM	\$420	BASIC FALL FEE W/UNIFORM	\$420	NOTES:	
SPRING FEE INCLUDES UNIFORM	\$120	BASIC SPRING FEE W/OUT UNIFORM	\$200	BASIC SPRING FEE W/OUT UNIFORM	\$200		
						-	
		BASI SPRING FEE W/UNIFORM	\$310	BASIC SPRING FEE W/UNIFORM	\$310		
*COACHING FEES		BASI SPRING FEE W/UNIFORM *COACHING FEES	\$310	BASIC SPRING FEE W/UNIFORM	\$310	-	
	MONTHLY BASIS. (COACH FOR EACH	*COACHING FEES		*COACHING FEES		AL OF 10 MONTHS.) COACHING FEES	WILL BE
*COACHING FEES WILL BE BILLED ON A	COACH FOR EACH	*COACHING FEES	FOR A TOTAL OF 5 MC	*COACHING FEES		AL OF 10 MONTHS.) COACHING FEES	WILL BE
*COACHING FEES WILL BE BILLED ON A DETERMINED BY THE LICENSE OF THE (COACH FOR EACH	*COACHING FEES U-15,U-16,U-17 AND U-19 WILL BE BILLED I TEAM AND ARE AS FOLLOWS:	FOR A TOTAL OF 5 MC	*COACHING FEES		TAL OF 10 MONTHS.) COACHING FEES	WILL BE
*COACHING FEES WILL BE BILLED ON A DETERMINED BY THE LICENSE OF THE O *COACHING FEES: D Licens	COACH FOR EACH	*COACHING FEES U-15,U-16,U-17 AND U-19 WILL BE BILLED I TEAM AND ARE AS FOLLOWS:	FOR A TOTAL OF 5 MC	*COACHING FEES		FAL OF 10 MONTHS.) COACHING FEES	WILL BE
*COACHING FEES WILL BE BILLED ON A DETERMINED BY THE LICENSE OF THE O *COACHING FEES: D Licens TOTAL AMOUNT DUE: \$ METHOD OF PAYMENT: DLUNTEER:(CHOOSE FF e above player(s) picture may Please initial on approve Please initial on approve eby give approval for the participation and hazards incident to such participation	ROM THE F y be used in opriate line a of my child in an iation, including tr	*COACHING FEES U-15,U-16,U-17 AND U-19 WILL BE BILLED I TEAM AND ARE AS FOLLOWS: C License- \$40 B License-\$45 A License-\$ Cash: Cash: CLLOWING:) TEAM MAN/ media / website promotion fo bove: uy and all activities of Oconee Futbol C ansportation to and from said activities	FOR A TOTAL OF 5 MC	*COACHING FEES NTHS. ACADEMY, U-13 AND U-14 WILL BE IT PAID: \$ Check #: DRAISER: FIELDS:M/ / permission I do State Soccer Association (GSSA) and absolve, indemnify, and agree to hold I	BILL FOR A TOT	G:EVENTS:OTHE	R:
*COACHING FEES WILL BE BILLED ON A DETERMINED BY THE LICENSE OF THE O *COACHING FEES: D Licens TOTAL AMOUNT DUE: \$ METHOD OF PAYMENT: DLUNTEER:(CHOOSE FF e above player(s) picture may Please initial on approve Please initial on approve eby give approval for the participation and hazards incident to such participation	ROM THE F y be used in opriate line a of my child in an iation, including tr	COACHING FEES U-15,U-16,U-17 AND U-19 WILL BE BILLED I TEAM AND ARE AS FOLLOWS: C License- \$40 B License-\$45 A License-\$ Cash: Cash: Cash: CLLOWING:) TEAM MAN/ media / website promotion fo bove: ya and all activities of Oconee Futbol C ansportation to and from said activities d persons or parents from any claims aDATE:O	FOR A TOTAL OF 5 MC	COACHING FEES NTHS. ACADEMY, U-13 AND U-14 WILL BE IT PAID: \$ Check #: DRAISER: FIELDS:M/ / permission I do State Soccer Association (GSSA) and absolve, indemnify, and agree to hold I o the player	BILL FOR A TOT	G:EVENTS:OTHE	R: