



Player Registration Season: Fall/Spring Year: 20__

Player First Name: _____

Player Last Name: _____

Home Address: _____

City, State, Zip: _____

Parent/Guardian Name(s): _____

Primary Email Address* (required): _____

Primary Parent/Guardian Cell Phone* (required): _____

Player Birth date and year: _____

Preferred Jersey number: _____ (Not guaranteed)

Has your player played soccer before: _____ If yes, how many years: _____

Which leagues: (circle each that applies) OBYSA YMCA Parks & Rec Club Soccer

Payment:

I _____ on behalf of my child _____, understand that I must submit payment in the amount of \$400 per season as a competitive league player or \$200 a season as an Associate Player in order for my child to be eligible to practice with their team or participate in game play for OBX Storm. I understand that if I do not complete payment, my child will be ineligible to play. If I need a scholarship or financial assistance, I will email bod@obxstorm.net in order to establish a payment plan. If a scholarship is needed, I will complete and submit the paperwork for a scholarship on behalf of my child prior to the beginning of the season.

Full Printed Name of Parent: _____

Signed: _____

Agreement:

*It is understood that in case of emergency, your child will be taken to the Outer Banks Hospital.

Insurance Company: _____

Policy Number: _____ Group Number or Company ID: _____