



SPRING 2010 YOUTH SPORTS REGISTRATION FORM MICRO SOCCER & PAL SOCCER TEAMS

Registration Deadlines: (PAL Soccer) January 15, 2010
(Micro Soccer) February 1, 2010

MAIL THE FORM BELOW (WITH PAYMENT) TO:

Josh Steinharter
JCCSF
3200 California Street
San Francisco, CA 94118

OR FAX CREDIT CARD ORDERS TO:

Josh Steinharter 415.276.1561

REQUIRED FORMS MUST BE ATTACHED:

- JCCSF Medical Consent Waiver* (required for all teams)
- Micro Soccer Code of Conduct (required for Micro Soccer)
- SFPAL Waiver of Liability (required for PAL Soccer)

* Also available online at www.jccsf.org/youthsports

Questions? Call Josh Steinharter at 415.292.1253.

Child's Name _____ Gender _____ Parent's Name(s) _____
 Birthdate _____ Age _____ Grade _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Work Phone _____ Family email _____
 School _____ School Dismissal Time _____

I am signing up for MICRO SOCCER: U6 (player is 5 yrs. old on 8/1/09) U7 (player is 6 yrs. old on 8/1/09)

I am signing up for PAL SOCCER: U8 U9 U10 U11 U12 U14

Fall 2009 Team Name _____

I would like to be on a team with the following players (cannot be guaranteed) _____

I cannot practice on the following day (cannot be guaranteed) _____

I am unable to practice on the day above for the following reason(s) _____

Select Payment Options:

Enclosed is the non-refundable deposit of \$125 (required). The remaining balance due 3/15/10 will be paid:

by check please automatically charge the balance to my credit card on 3/15/10.

Enclosed is the total fee (including non-refundable deposit of \$125) Members \$365 • Public \$375

Check Enclosed. Made payable to JCCSF in the amount of \$ _____

Please charge my Visa MC AMEX in the amount of \$ _____

Name _____ Signature _____

Account # _____ Expiration Date _____

JCCSF PHOTO RELEASE:

I hereby grant the Jewish Community Center of San Francisco permission to take photographs of my child for the purpose of publicizing events, activities or programs of the JCCSF. Photographs may also be taken to document special projects or grants received by the JCCSF. I also grant permission for my child to be filmed by television cameras or other photographs for the same purpose. I understand that if I wish to revoke my permission I must do so in writing.

Child's Name _____ Date _____

Parent or Guardian _____ Signature _____

JCCSF PROGRAM POLICIES:

1. The JCCSF reserves the right to cancel classes, programs or events. Full refunds will be issued when programs are canceled.
2. Request for refunds must be made before the second class of a session, unless otherwise noted. A processing fee plus a fee for the first class will be deducted from refunds. Please contact the appropriate program manager if you wish to change or discontinue a class or program.
3. It is the responsibility of every individual or his or her legal guardian to provide for his or her own accident and health coverage while participating in all JCCSF activities. The JCCSF does not provide any accident or health coverage for its members or guests.