



YOU NAME IT. WE PLAY IT!
5v5 Soccer Registration Form

Contact Information:

Note: Must have an active email account and phone number.

Registration Type:

I am Signing up as:(check one):

Team Captain

Individual under a registered team

Free Agent

TEAM NAME: _____

Name: _____

Gender (check One) Male: _____ Female: _____

Date of Birth: _____ I am 21 years of age or older (check one): Yes _____ No _____

Cell Phone: _____ Work Phone: _____ Fax: _____

Address: _____

City: _____ State: ____ ZIP: _____

E-mail Address: _____

I hereby authorize Big Kid Sports to release my email address listed above to Big Kid Sports Officials and other team captains registered in Big Kid Sports Leagues (for weather, updates, captain use, and rescheduling etc). (check one) _____ Yes _____ No

Palo Alto

Leagues will begin Saturday, July 18th for an 8-10 game season TBD

All teams will make the playoffs

Saturday

Mayfield Soccer Complex

2700 El Camino Real

11am-12pm or 12pm-1pm

Shirt Sizes: (check one)

Small _____

Medium _____

Large _____

XL _____

XXL _____

XXXL _____

Cost:

Team \$150 Individual \$30

Pay As:

Individual _____ Team _____ As captain as individual _____ (see below for details)

NOTE:

If choose captain as individual option—you are to pay the individual rate and must leave a credit card number on file. By choosing this option you are taking responsibility of registering 11 other players as individuals under your team name. If you do not meet the 5 player roster size by the league start date your card will be charged the remainder of the balance. For example if you have 3 players by the start date your card will be charged \$60 (2 players short x \$30 = \$60). Your team will not be guaranteed until min 8 players are registered. If you do not have players by the start date your team will be terminated and you will have to contact league officials regarding a refund.

Payment Options: (check one)

Check (payable to the Big Kid Sports LLC) _____ Cash/Direct _____ Credit _____

I hereby authorize Big Kid Sports LLC to charge the applicable registration fee to my credit card number as indicated: (check one)

VISA _____ M/C _____ AMEX Credit Card _____

Card Number: _____

Credit Card Billing Address (Mandatory): _____

City: _____ State: _____ ZIP: _____

Expiration Date: _____

NOTE: THERE WILL BE NO REFUNDS PAST THE LEAGUE START DATE

***Signature:** _____

***Date:** _____

For Inquiries Contact

Justin Vavuris
(650) 207 – 3982 OR
Justin@BigKidSports.com

Sean McDermott
(650) 906 – 0110
Sean@BigKidSports.com

How did you hear about Big Kid Sports? (check applicable)

Online _____ (what website or search engine) _____

From a friend _____ From BKS employee _____ Flyer _____ Newspaper _____

Company memorabilia _____ Other (please list) _____

WE NEED VOLUNTEERS

Are interested in helping out in any of these areas?

Umpire _____ League Coordinator _____ Marketing / Sales _____

SIGNATURE: Returned checks will be subject to a \$30 Service Charge. Please

Note: Your team's league reservation will not be guaranteed until FULL payment is received. I understand and agree to the following: I understand that there is a **\$25 or \$50 forfeit fee (at the discretion of league officials)** for each game forfeited by my team. (Forfeit fee must be paid prior to next game.)

I understand that the Big Kid Sports Waiver MUST be filled out and signed by every member of the team prior to their participation.

NOTE: THERE WILL BE NO REFUNDS PAST THE LEAGUE START DATE

Please mail or Fax all registration forms and waivers to:

Big Kid Sports LLC
291 Edlee Ave.
Palo Alto, CA 94306
Fax (650) 856 – 2886
www.BigKidSports.com

***Signature:** _____

***Date:** _____

FOR OFFICE USE ONLY

Entry Fee: _____ Method of Payment: _____

Date Received: _____ Processed By: _____