



Youth Program

SHRUB OAK ATHLETIC CLUB, INC.

PO Box #1, Shrub Oak, New York 10588

Youth Development Through Sports

Sportsmanship
Opportunity
Accomplishments
Competition

BASKETBALL

2018-2019
BASKETBALL FEE
\$150.00

SOAC OFFICIAL USE	
TODAY'S DATE	_____
AMOUNT PAID	_____
CASH	_____ CHECK _____
DIVISION	_____

MAKE CHECKS PAYABLE TO S.O.A.C.

PLAYER'S NAME	_____	SCHOOL DISTRICT	_____
ADDRESS	_____	BIRTHDATE	_____
CITY, STATE, ZIP	_____	AGE ON 12/31/18	_____
HOME PHONE	_____	GRADE	_____
PARENT'S NAME / BUSINESS PHONE	_____	DIVISION	_____
EMERGENCY NAME / PHONE	_____	HEIGHT	_____
EMAIL ADDRESS	_____		

NIGHTS NOT AVAILABLE TO PRACTICE _____

Are you interested in being a team manager or assistant? Yes No

Are you interested in sponsoring a team? Yes No

NOTE: SOAC INSURANCE SUPPLEMENTS YOUR PERSONAL FAMILY COVERAGE

PLEASE NOTE: THE UNDERSIGNED, PARENT/LEGAL GUARDIAN OF _____ DO HEREBY AUTHORIZE THE OFFICER(S), LEADER(S), OR COACH(ES), AS AGENT(S) OF THE SHRUB OAK ATHLETIC CLUB TO TRANSPORT AS REQUIRED, THE MINOR TO AND FROM ASSOCIATION ACTIVITIES INCLUDING, BUT NOT LIMITED TO, ATHLETIC AND SOCIAL EVENTS.

I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION IN THE ABOVE LISTED ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES AND I/WE DO HEREBY WAIVE ANY CLAIM OR CLAIMS ARISING FROM INJURY TO MY/OUR PARTICIPANT EXCEPT TO THE EXTENT OF, OR IN THE AMOUNT COVERED BY, ACCIDENT AND LIABILITY INSURANCE.

WE DEPOSIT ALL FUNDS IMMEDIATELY (UNLESS OTHERWISE NOTED). THE CLUB WILL IMPOSE A \$25.00 FEE FOR ALL RETURNED CHECKS.

SIGNATURE _____ (PARENT/GUARDIAN)

DATE _____
S.O.A.C. RESERVES THE RIGHT TO REFUSE OR REMOVE ANY PARTY WHO DOES NOT COMPLY WITH OUR CODE OF CONDUCT.
Int. _____