CALIFORNIA BREEZE

Registration Form

Player Information (Please Print)

Name _____
First Last

Address _____

City _____ **Zip** _____ **Telephone** _____

School _____ **Grade** _____ **Grade Pt.** _____

E-Mail Address_____

2009 Summer Team_____

Birthday _____

Age _____
On Jan. 1, 2010

Age Group
Please Circle One

18 Gold
18U
16U
14U
13U
12U
11U
10U

Parent/Guardian Information
If information is same as player's please write "SAME"

Father's Name _____
First Last

Address _____**Home Phone** _____

City _____**Zip** _____ **Work Phone** _____

E-Mail Address_____

Mother's Name _____
First Last

Address _____**Home Phone** _____

City _____**Zip** _____ **Work Phone** _____

E-Mail Address_____

Memorandum of Understanding

I hereby acknowledge that I have been informed of the program requirements and agree to follow through with each commitment. (Parent/Guardian – Please initial each item listed.) To Be Completed Once Making A Team

_____ I have read and signed the Breeze Consent for Treatment and Release of Liability form.

_____ I understand that all parents are required to work Bingo every 3 weeks (6 hrs) at Florin Road Bingo.

_____ I understand the Bingo/Financial commitment does not guarantee playing time for my daughter.

_____ I understand the Breeze Organization holds Additional Fundraisers that I will be required to help with.

_____ I have read and understand the Breeze Organizations Mission Statement and Code of Ethics.

Updated 7.23.08