

BCSC**BRADFORD COMMUNITY SOCCER CLUB**

Summer 2009

RECREATION SOCCER LEAGUE

June - August, 2009
Complete Sections 1 - 4**PLAYER FEES**\$28 First Child
\$22 Second Child-\$70 Family Maximum**Deadline May 29****YOUTH PLAYER REGISTRATION**Need more information? Want to become a referee?
www.bradfordsoccer.org

LAST NAME _____ FIRST NAME _____ MI _____ SEX: M F

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ TELEPHONE _____ GRADE _____

BIRTHDATE: WE NOW REQUIRE A COPY OF THE PLAYER'S BIRTH CERTIFICATE _____ CURRENT AGE _____
PLAYER MUST HAVE BEEN BORN AFTER 08-01-1996 AND BEFORE 7/31/2004 month day year

In order to play, a child must have been at least 4 years old on or before August 1, 2008

PLAYER'S SHIRT SIZE: (Circle One) YOUTH S M L ADULT S M L XLSOCCER EXPERIENCE: Check all that apply & estimate number of seasons played NO EXPERIENCE INDOOR- number of seasons _____ SPRING TRAVEL- number of seasons _____ SUMMER- number of seasons _____FATHER'S NAME _____ HOME PHONE Same as above _____MOTHER'S NAME _____ HOME PHONE Same as above _____

E-MAIL ADDRESS (Registrar use only) _____

ALTERNATE EMERGENCY CONTACT _____ PHONE _____

WE ASK FOR ACTIVE PARTICIPATION FROM PARENTS. CHECK & INITIAL THE AREAS IN WHICH YOU WOULD BE WILLING TO HELP COACH- AGE GROUP: _____ ASST.COACH- AGE GROUP: _____ FUNDRAISING CONCESSION STAND REFEREE BOARD MEMBER TEAM PARENT GENERAL HELP**PARENT/GUARDIAN: READ & SIGN FOR SECTIONS 3 & 4****LIABILITY RELEASE**

I, the parent/guardian of the above named registrant, a minor, agree that I and the registrant will abide by all rules and policies of the Bradford Community Soccer Club (BCSC) and its affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration for the BCSC accepting the registrant for its programs and activities (the 'Programs'), I hereby release, discharge and/or indemnify the BCSC, its affiliated organizations and sponsors, their employees, insurance companies, and associated personnel, including owners of gymnasiums, facilities and fields utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I also permit the use of the registrant's likeness or image on the BCSC's website or informational items, and I hereby acknowledge that I have been officially notified that no jewelry is to be worn by the registrant during any Program activities.

CONSENT FOR MEDICAL TREATMENT OF A MINOR

As the parent or legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well-being of my dependent.

Signature for sections 3 & 4: _____ Date _____

Parent/Legal Guardian

Printed Name _____

OFFICIAL
USE**MAIL FORM & COPY OF CERT. BEFORE DEADLINE TO:**
Bradford Soccer P.O. Box 976 Bradford, PA 16701
Make Checks Payable to BCSC**DO NOT WRITE BELOW THIS LINE**

U6 - U8 - U10B - U10G - U12B - U12G

AMOUNT PAID \$

CASH CHECK #

DEADLINE: May 29, 2009*Most of the games will be played on week nights*