

BCSC



Bradford Community Soccer Club
Summer 2011

Recreation Soccer League
July - August
COMPLETE SECTIONS 1-4

Player Fees
\$28 First Child
\$22 Second
\$70 Family Total
Deadline 5/28/2011

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 _____

PLAYER MUST HAVE BEEN BORN BETWEEN 8/1/1998 - 7/31/2006

At Least 4 Years Old Before 8/1/2010

WE NOW REQUIRE A COPY OF THE PLAYER'S BIRTH CERTIFICATE. BIRTHDATE: ____/____/____ AGE _____

PLAYER'S SHIRT SIZE: (Circle One) YOUTH S M L ADULT S M L XL

PARENT/GUARDIAN _____ HOME PHONE _____

E-MAIL ADDRESS _____

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 _____

Signature of Parent/Legal Guardian

Printed Name _____

OFFICIAL USE

Applications available at:
www.bradfordsoccer.org

MAIL FORM & COPY OF CERT. BEFORE DEADLINE TO:
Bradford Soccer P.O. Box 976 Bradford, PA 16701

DO NOT WRITE BELOW THIS LINE

U6 - U8 - U10B - U10G - U12B - U12G

AMOUNT PAID \$ _____

CASH _____ CHECK # _____

Deadline May 28, 2011