

Bradford Community Soccer Club (BCSC)

Summer 2015

Recreation Soccer League
www.bradfordsoccer.org
Complete Sections 1 - 3

Player Fees

\$28 First Child
\$22 Second Child
\$70 Family Total
Make Check Payable to BCSC

Youth Player Registration Form

Registration Deadline June 1, 2015

Section 1

Last Name _____ First Name _____ MI _____ SEX: M F

Address _____ City _____

State _____ Zip Code _____ Telephone _____ - _____ - _____

Player must have been born between 8/1/2002 – 7/31/2010 (At least 4 years old before 8/1/2014)

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**

Section 2

Parent/Guardian _____ Home Phone _____ - _____ - _____

E-Mail Address _____

Alternate Emergency Contact _____ Phone _____ - _____ - _____

We ask for active participation from parents. Please check any areas in which you would be willing to help.

Coach – Age Group _____ Assistant Coach – Age Group _____

Fund Raising Concession Stand Referee Board Member Team Parent General Help

Section 3 Liability Release and Consent for Medical Treatment of a Minor

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 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. 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 Section 3 _____ Date _____

Parent or Legal Guardian Signature

Printed Name _____ Check Box if Not Permitting Registrant's Likeness or Image to be used on BCSC's website

Official Use

Applications and Information Available at:

www.bradfordsoccer.org

Mail Form & Copy of Birth Cert. Before Deadline to:
Bradford Soccer, PO Box 976, Bradford, PA 16701

Do Not Write Below This Line

U6 - U8 - U10G - U10B - U12G - U12B

Amount Paid \$ _____

Cash _____ Check # _____

Registration Deadline June 1, 2015 (No Refunds given after June 10, 2015)