

# Bledsoe County Youth Soccer Association

## 2013 Spring Soccer Registration Form

Registration Fee \$40.00

Eligibility-Any boy or girl between the ages of 4-14.

A copy of a birth certificate must be furnished upon request.

We may only be able to provide teams for age groups with enough players registered.

Player's Name \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Did you play soccer last season ( Fall 2012)? \_\_\_yes \_\_\_no

School Attended \_\_\_\_\_

### Uniform Information

#### Youth

#### Adult

XS S M L

XS S M L

### Parent Information:

Father's Name: \_\_\_\_\_

Mother's: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT: BCYSA is an organization that depends on parent volunteers. Please indicate which of the following categories listed below that you or your spouse are willing to help with.**

Volunteer's Name \_\_\_\_\_ Preferred Phone# \_\_\_\_\_

I would like to be a: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Referee \_\_\_\_\_ Fundraising \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CONSENT & WAIVER- I recognize and understand that soccer is a sport involving risks not encountered in everyday life.**

With this understanding, and in consideration of Bledsoe County Youth Soccer Association (BCYSA) permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge BCYSA, its Board of Directors, coaches, referees, and other such volunteers as are connected with the BCYSA in any capacity, for any and all damages, claims, and/or liabilities arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has permission to play soccer in the BCYSA program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A photocopy of this authorization shall be effective as the original.

**I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THE TERMS OF THIS RELEASE, WAIVER AND INFORMATION.**

**Date:** \_\_\_\_\_

**(Signature of Participant (or Parent or Guardian if Participant in under Age of 18)**

Youth soccer under the direction of BCYSA shall focus on providing a fun, safe, non-competitive recreational opportunity for your child while allowing them to learn the sport of soccer. BCYSA will limit the number of team events per week to three. The length of games and practices will be limited for all teams. The registration fee includes the cost of soccer uniforms. The only additional equipment needed for your child will be soccer shin guards and a soccer ball. Your coach will advise you on the proper size of ball for your child. BCYSA will be under the direction of the Tennessee State Soccer Association and US Youth Soccer. Rules and guidelines established by these associations or modified as allowed will be strictly followed.

# **Bledsoe County Youth Soccer Association**

BCYSA wants all of our players to experience a fun and safe soccer season. In the best of all worlds things can happen. Because of this fact we will require that a parent or guardian be on the soccer grounds at all times that your child is practicing or playing. We will try to provide an atmosphere wherein you may watch or socialize as you wish.

I \_\_\_\_\_ am the parent or responsible guardian of

\_\_\_\_\_. I agree to abide by this requirement for best of my

child. Dated \_\_\_\_\_.