



BEREA YOUTH SOCCER CLUB

REGISTRATION

TRAVEL
FALL 2010-SPRING 2011

PLAYER NAME : _____

BIRTHDATE : _____ GRADE LEVEL : _____ GENDER : M / F

MOTHER/GUARDIAN: _____

FATHER/ GUARDIAN : _____

ADDRESS : _____

HOME PHONE : _____ CELL PHONE: _____

EMAIL : _____
(EMAIL IS THE MAIN SOURCE OF CONTACT)

MEDICAL DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL CONDITIONS/ALLERGIES : _____

WOULD YOU LIKE TO VOLUNTEER ? HEAD COACH / ASST. COACH

PLEASE SEND CHECK OR MONEY ORDER ALONG WITH THE REGISTRATION TO:
BEREA YOUTH SOCCER CLUB
P.O BOX 971, BEREA, OHIO 44017

PLEASE NOTE :

* It is BYSC policy to provide all players with the opportunity to play for different coaches and with different teammates each year. In accordance with this policy, NO SPECIAL REQUESTS will be honored.
Coaches and assistant coaches will each coach their children.*

TRAVEL LEAGUE FEES: \$90.00 PER PLAYER/ PER "SOCCER YEAR"(fall'10- spring'11)
-IF YOU NEED A REQUIRED TRAVEL UNIFORM, PLEASE SEE ATTACHED ORDER FORM-

-PLEASE MAKE CHECKS PAYABLE TO BEREA YOUTH SOCCER CLUB

RELEASE :

I, THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF BEREA YOUTH SOCCER CLUB, USYSA, ITS AFFILIATED ORGANIZATIONS AND SPONSORS. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER. I HEREBY RELEASE, DISCHARGE, AND OR OTHERWISE INDEMNIFY BEREA YOUTH SOCCER CLUB, THE USYSA, ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES USED, 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 AND FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. AS THE PARENT/ GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE CONSENT FOR MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

PARENT/GUARDIAN SIGNATURE: _____

DATE : _____

BEREA YOUTH SOCCER CLUB MISSION

To provide an organized program for the youth of Berea, Ohio to play soccer in a safe and fun environment, and to teach and promote the sport of soccer

WWW.BEREAYOUTHSOCCERCLUB.ORG