



**BEREA YOUTH SOCCER CLUB**

**REGISTRATION**

REC LEAGUE  
FALL 2009-SPRING 2010

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.\*

**REC LEAGUE FEES: \$70.00 PER PLAYER/ PER "SOCCER YEAR"(fall'09- spring'10)  
- IF YOU NEED A JERSEY PLEASE ADD \$5.00 PER SHIRT (circle size needed) YS YM YL / AS AM AL**

**-PLEASE MAKE CHECKS PAYABLE TO BEREA YOUTH SOCCER CLUB**

**RELEASE :**

I, THE PARENT/GUARDIAN OF THE REGITRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF BEREA YOUTH SOCCER CLUB, USYSA, ITS AFFILATED 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 ORGINIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES USED, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANTAS 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 BU 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.BEREAOUTHSOCCERCLUB.ORG**