



REGISTRATION Berea Youth Soccer Club

Girls/Boys age 7-14
AASL/NOGSL
Fall 2011- Spring 2012

Player Name: _____

Birth date: _____ Grade Fall of 2011: _____ Gender: M / F

Mother/Guardian: _____ Mother's birthday (no year) _____

Father/Guardian _____ Father's birthday (no year) _____

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 Assistant Coach Team Manager

*** 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**

Parent initials _____

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 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 registrants participation on the program and/or being transported to and from the same , which transportation I hereby authorize. As the parent/guardian of h above mentioned 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 life, limb, or well being of my dependent.

Parent Signature _____

Date _____

FEES

a) Registration	\$90.00
<u>Select one per family on youngest registration</u>	
2 Raffle Tickets	\$50.00 (per family)
b) <u>Required</u> Uniform (separate form if needed)	\$60.00
	_____ total due

Please send check or money order to : Berea Youth Soccer Club
 PO Box 971
 Berea, OH 44017

Payment schedule:

Due by June 20 th	\$75.00
Due by August 1st	registration balance due including tickets
Due upon receipt of uniform	\$60.00

If you are not paid in full by Sept. 1st, your child's player card will be held and he/she will be unable to play until the balance has been paid.

Every family is responsible for buying/selling 2 raffle tickets or paying the \$50.00 fee. Families with more than one child participating in travel are only responsible for a total of 2 raffle tickets. This is the PER FAMILY obligation NOT a PER PLAYER obligation.

Uniform cost only applies to new players ordering uniform or existing players who need to order a new uniform because they have outgrown their current uniform. Uniform package includes an Adidas uniform shirt (red), Adidas shorts, Adidas socks and a white t-shirt.