Bellingham Soccer Association
Fall 2010 Registration
one child per form

Registration online is preferred
please visit www.bellinghamsoccer.org

BSA USE ONLY
Received/Postmarked
Check #
Type
Mail in Walk-in Tryout Drop-off

CONTACT INFO - This is the info BSA and it's coaches will use to contact you			
Player's name:		**Date of Birth:**	/ /
Parent Name:		**Player's Gender:**	male / female
Address:			
Home Phone:		**Cell Phone:**	
Email:			
Practice conflicts (circle)	**M / T / W / T / F**	BSA cannot make any guarantees relative to practice nights but we can try to limit the conflicts	
Medical problem that coach should be aware of:			

Program Info	**Instructional**	**In-Town**	**Travel**
Game times	Saturday Morning	Sunday afternoon	Saturday
Age as of 7/31/10	4y7m to 6y7m	6y7m to 10y	8y to 13y

Registrations may be mailed w/payment to: Bellingham Soccer Association P.O. Box 763 Bellingham, MA 02019

Parent volunteer: (Circle one)	**Coach**	**Assistant Coach**	**Team Parent**	**Soccer Board**

BSA is run by parent volunteers - Please consider coaching a team by circling a volunteer position above

Sponsor: **If you or your place of business would consider providing a sponsorship to BSA please circle the sponsor box to be contacted by BSA.**

Early Discount is $10 per player for Registrations RECEIVED before the registration deadlines for In-Town & Travel:

TRAVEL and In-Town early discount ends 7/1/2010

Choose a Program - Please circle one	**Before Deadline**	**After Deadline**	**Total**
Instructional	$50		
In-Town*	$60	$70	
U9 - U14 Travel (all must tryout)	$80	$90	
(Travel players will not be placed on a team unless they are registered)			
Family Max for all family registrations (excluding uniforms) is ~~$160~~ until 7/1/10 after is $180			
***Black & White In-Town/Recreation Shirt Size (if needed)**	YMD / YLG / ASM / AMD / ALG	$25	
It is the policy of BSA that no child should be denied the opportunity to play soccer due to a family's financial situation. Those applying for a scholarship, please contact President Jeff Bloom at jeff.bloom@comcast.net for registration instructions. All scholarship requests are confidential.		**TOTAL COST****	

**** Make checks payable to "BSA"**

I, the parent/legal guardian of the Registrant, a minor, agree that I and the Registrant will abide by the rules of the USYSA (United States Youth Soccer Association), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the Registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on the behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from same, which transportation I hereby authorize.

I acknowledge that my child has been medically cleared to participate in this soccer program. Furthermore, I hereby give my 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 are necessary to preserve life, limb, or well-being of my dependent.

In addition, I give my permission to the BSA to use pictures of my child on the BSA web site (no names attached to the photos) and in any type of publicity or fundraising campaigns for the Association.

Special Requests:

The BSA cannot make any guarantees relative to practice nights, coaches, teammates etc.

READ ABOVE AND SIGN BELOW - registrations are not considered received until signed

Parent or Guardian's Signature _____