

## Bellingham Soccer - Fall 2005 Registration

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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



	Gender		Gender		Gender		Child #4
	Child #1	B/G	Child #2	B/G	Child #3	B/G	
First Name							
Date of Birth							
Program (check one)	Instructional (4/1/99-6/1/01)		Instructional (4/1/99-6/1/01)		Instructional (4/1/99-6/1/01)		Instructional (4/1/99-6/1/01)
	Town (2/1/94-3/30/99)		Town (2/1/94-3/30/99)		Town (2/1/94-3/30/99)		Town (2/1/94-3/30/99)
	Travel (see below)		Travel (see below)		Travel (see below)		Travel (see below)
For Travel check the team that you will tryout for	U9 (8/1/96-7/31/98)		U9 (8/1/96-7/31/98)		U9 (8/1/96-7/31/98)		U9 (8/1/96-7/31/98)
	U10 (8/1/95-7/31/96)		U10 (8/1/95-7/31/96)		U10 (8/1/95-7/31/96)		U10 (8/1/95-7/31/96)
	U11 (8/1/94-7/31/95)		U11 (8/1/94-7/31/95)		U11 (8/1/94-7/31/95)		U11 (8/1/94-7/31/95)
	U12 (8/1/93-7/31/94)		U12 (8/1/93-7/31/94)		U12 (8/1/93-7/31/94)		U12 (8/1/93-7/31/94)
	U14 (8/1/91-7/31/93)		U14 (8/1/91-7/31/93)		U14 (8/1/91-7/31/93)		U14 (8/1/91-7/31/93)
Shirt Size (check one) (if needed for Town and Travel only)	Youth Medium		Youth Medium		Youth Medium		Youth Medium
	Youth Large		Youth Large		Youth Large		Youth Large
	Adult Small		Adult Small		Adult Small		Adult Small
	Adult Medium		Adult Medium		Adult Medium		Adult Medium
	Adult Large		Adult Large		Adult Large		Adult Large
Check if willing to volunteer	Head Coach		Head Coach		Head Coach		Head Coach
	Assistant Coach		Assistant Coach		Assistant Coach		Assistant Coach

# of Instructional Children\*        x \$45    =   

# of Town Children\*        x \$45    =   

# of Travel Children\*        x \$60    =   

# of Shirts(Town and Travel only)        x \$30    =   

Total Cost\*\*   

\*There is an \$95 family limit (uniforms not included)  
 \*\* Make checks payable to "BSA"

Registrations may be mailed to:  
 Ed Fraine  
 20 Pickering Ave, Bellingham 02019

A late fee of \$20 is required for any registration mailed after December 1, 2005

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.

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.

Comments:

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

Parent or Guardian's Signature    \_\_\_\_\_