



Bellingham Soccer Association

Spring 2012 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(s):			
Medical problems that coach should be aware of:			
<input type="checkbox"/> Check if there are changes above from last season In-Town Practices Girls: Tuesday Boys: Thursday			

Please try and register early since teams are usually formed a few weeks before the season starts and have caps so spots could fill.

Program Info	Instructional	In-Town	In-Town (Senior)	Travel
Game Times	Saturday Morning	Sunday Afternoon	Saturday	Saturday
Age	4y7m to 6y7m as of 4/1/12	6y7m to 8y as of 4/1/12	8y to 10y as of 4/1/12	8y to 13Y as of 7/31/11

Registrations may be mailed w/payment to:

Jill Reslock
288 Farm Street
Bellingham MA
02019

Parent Volunteer: **(Circle One)**

Coach
 Assistant Coach
 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.

Choose a Program - Please circle one	Total	
Instructional	\$50	
In-Town*	\$70	
U9 - U14 Travel	\$90	
U16 & U18 Travel (if interest)	\$80	
(Travel players will not be placed on a team unless they are registered)		
Family Max for all family registrations (excluding uniforms) is \$180		
*Black & White ONLY for In-Town 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 the President, Jeff Bloom, at jeff.bloom@comcast.net for registration instructions. All scholarship requests are confidential.		

Make Checks Payable

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 guarantee relative to practice nights, coaches, teammates etc

Parent or Guardian's Signature
Date:

Attn: Jill Reslock 288 Farm Street Bellingham MA 02019