

Buena Vista Youth Soccer Association Fall 2010 Registration Form

Volunteer Opportunities: We ask for **Active** participation of **all** parents in our program. Check areas in which you would be willing to help.

Coach _____ Board Member _____ Team Parent _____ Referee _____
Asst Coach _____ Field Stripping _____ Team Sponsorship _____

PLAYER INFORMATION: Please be sure that all information is accurate and legible.

Last Name _____ First Name _____ M.I. _____
Address _____ City _____ State _____ Zip Code _____
Telephone Number _____ Birthdate _____ M/F _____ Age _____
Family Email Address _____ (Main form of communication within BVYSA)

Registration Fees \$ _____ \$40.00 1st Child in family; \$38.00 2nd Child in family; \$36.00 each additional child in family.

U6 _____ **8/01/2004 to 7/31/2006** **U8** _____ **8/01/2002 to 7/31/2004** **U10** _____ **8/01/2000 to 7/31/2002**

U12 _____ **8/01/98 to 7/31/2000** **U12/13 Intermountain League (\$60.00 Fee)** _____ **8/01/97 to 7/31/2000**

SHIRT SIZE: Unless otherwise specified the following shirt size will be ordered:

U6: Child Medium U8: Child Large U10 & U12 Adult Medium Other Size Request _____

ALL FEES ARE NON-REFUNDABLE. Registration and payment must be received by August 20, 2010 for the player to be placed on a roster. Games will be played from September 11 – October 16, 2010.

MAKE CHECKS PAYABLE TO: BVYSA - PO Box 3034 - Buena Vista, CO 81211

Any questions: Please Contact Susan Miller at 395-2935

REGISTRATION DEADLINE: AUGUST 20, 2010. NO LATE REGISTRATIONS WILL BE ACCEPTED

PARENT / EMERGENCY INFORMATION

Father's Name _____ Cell # _____ Work # _____ Home # _____

Mother's Name _____ Cell # _____ Work # _____ Home # _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Phone # _____

Doctor to notify in emergency _____ Phone # _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BVYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the BVYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the BVYSA, its affiliated organizations and its officers, sponsors, their employees and associated personnel, including the owners of field and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same.

I hereby authorized. Name (Parent/Legal Guardian)- please print _____

Signature x _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by duly licensed doctor. This care may be given under whatever conditions are necessary to preserve the life, limb, and well being of my dependent.

Signature of parent or Guardian X _____

Address _____ City/State/ Zip _____

Paid: YES _____ NO _____ Check # _____ Cash _____ Age Division _____