

2010 Buena Vista Youth Soccer SPRING Registration Form

Recreational U6 through U10 Intermediate U13

Age Group _____

Paid Yes _____ No _____

Check # _____ Cash _____

Registration and payment must be received by **MARCH 15, 2010** for the player to be placed on a roster. Games will be played from April 10 – May 15, 2010. **SHIN GUARDS ARE REQUIRED FOR ALL PLAYERS.**

The following dates of birth determine which age group your child will play in. Please check the appropriate age group for your child:

_____ U6 8/1/2003 to 7/31/2005

_____ U8 8/1/2001 to 7/31/2003

_____ U10 8/1/1999 to 7/31/2001

_____ U13 8/1/1996 to 7/31/1999

REGISTRATION FEES: \$40.00 1st child in family; \$38.00 2nd child in family; \$36.00 each additional child in family. **ALL FEES ARE NON-REFUNDABLE.**

Will player be involved in another sport/activity during soccer season? YES _____ NO _____

If yes, DAY & TIME _____

PLAYER NAME _____ AGE _____ GENDER _____

MAILING ADDRESS _____ PHONE _____

DATE OF BIRTH _____ SEASONS PLAYED _____

PARENTS/GUARDIAN NAME _____

EMAIL ADDRESS _____ CELL PHONE _____

THIRD PARTY TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE _____

MEDICAL INFORMATION USEFUL TO COACH _____

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant, will abide by the rules of BVYSA, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for BVYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge, and otherwise indemnify the BVYSA, its officers, and its affiliated organizations and sponsors, and the facilities utilized for the programs, against any claim by or on behalf of the registrant.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

SHIRT SIZE: UNLESS OTHEWISE SPECIFIED, THE FOLLOWING SIZE WILL BE ORDERED

U6: Child Medium U8: Child Large U10 & U13: Adult Medium Other Size Request _____

For any questions, call Christy Thompson 395-4024 or Brent Jewell 966-5176

PARENT PARTICIPATION IS CRITICAL TO THE SUCCESS OF OUR SOCCER PROGRAM! WE'D LOVE YOUR HELP IN THE FOLLOWING AREAS. CHECK THOSE WHERE YOU ARE WILLING TO HELP!

_____ COACH _____ TEAM PARENT _____ REFEREE
_____ TEAM SPONSOR _____ FIELD MAINTENANCE _____ BOARD MEMBER

MAIL COMPLETED FORM TO: BUENA VISTA YOUTH SOCCER
P.O. BOX 3034
BUENA VISTA, CO 81211

