



PLAYER REGISTRATION FORM

Bellevue Soccer Club

PO Box 186
Bellevue, FL 34420
352-509-1219

Required:

Birth Cert _____
Pd In Full _____

Special Cond.

Official Use Only

Club _____ Division _____ Sex _____ Age _____ Skill Level _____
Team/Coach Name _____

Please Print Clearly. Use Birth Certificate Name Only.

All Applicants

Last _____ First _____ Nickname _____

Mailing Address _____

Home Phone _____ Cell Phone _____ ***Adult Email Address*** _____

Date Of Birth ____/____/____ Age: _____ Male Female Verified by _____

Uniform Size: Youth Adult Name on back of shirt _____
Shirts: S M L S M L
Shorts: S M L Parent Spirit shirt _____ Size: _____

Player

Seasons Played _____ Date of Last Season _____ Other _____ Age _____
Last Team _____ Last League _____ Children _____ Age _____
Father's Name _____ Phone _____ Presently In League _____ Age _____
Mother's Name _____ Phone _____ _____ Age _____

All

List of medical problems or prohibitions player has _____
Person to Notify in emergency: _____ Phone: _____

Parent or Legal Guardian

I, the parent/guardian of the registrant, a minor, agree that I the registrant will abide by the rules of the US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the US Youth Soccer, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the US Youth Soccer, its affiliated organizations and sponsors, and their employees and associated personnel, including the owners of fields 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, which transportation I hereby authorize. If your child should sustain a head injury while playing this season, Bellevue Soccer Club requires a written notice from your doctor giving your child permission to return to full participation in soccer practices and games. Without written permission, your child will not be allowed to continue playing this season.

Name _____
Parent/Legal Guardian (please print)

Signature _____ 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 a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian

X _____

** Shin guards must be worn at all practices and games. Failure to do so will result in a one (1) game suspension for each infraction **

Practice Nights Available:
 Mon/Wed Tues/Thurs Either
** We CANNOT guarantee the days your child will have practice **
Times are determined by your coach's availability

PARENTAL SUPPORT

We ask active participation of all parents in our program.
Check area(s) in which you would be willing to help.

- | | |
|---|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Field Preparation |
| <input type="checkbox"/> Asst Coach | <input type="checkbox"/> Referee (with pay) |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Fundraising Committee |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Trophy Committee |
| <input type="checkbox"/> Concession Volunteer | <input type="checkbox"/> Uniform Committee |

Other _____

Received By: _____ Date _____

Player Fee \$ _____ - Disc. \$ _____ = \$ _____

Parent Shirt \$ _____ Player Name on Shirt \$ _____

Other Siblings \$ _____

TOTAL DUE: \$ _____ TOTAL PD \$ _____

Receipt No. _____

Cash Check No. _____ Charge

Official Use Only