2014/2015 Youth Soccer Registration Form

PLAYER'S Name: _____ _____
Last – First – Middle

Male ☐ **Female** ☐ **Birth Date:** (Mo/Day/Yr): ___ / ___ / _____

Address: _____
Number & Street – Apartment – City – State – Zip Code

Telephone: _____**Alternate Phone:**_____

School Grade (entering): _____ **Name of School:** _____

List any relevant medical problems: _____

_____

Height: _____ **Weight:** _____ **T-Shirt Size:** YS YM YL YXL AS AM AL AXL

Parents/Guardians' Names: _____

Address/Phone if different from above: _____

Parent's primary email address: _____

Emergency contact if parents cannot be reached:_____

_____

I, the parent or guardian of the above-named player, acknowledge that soccer is a physically-demanding activity from which injury can result. In consideration of the player's participation in activities sponsored by the **BOONVILLE SOCCER ACADEMY**, I, for myself and the player and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the **BOONVILLE SOCCER ACADEMY**, its officers, directors, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the activities sponsored by the **BOONVILLE SOCCER ACADEMY**.

_____ _____ _____
Parent/Guardian Signature Date

Parent/Guardian interested in volunteering, please check appropriate box:
Coach ☐ **Asst. Coach** ☐ **Team Manger** ☐ **General Help** ☐
Name of Parent[s]:

_____

Plan to play: FALL ____ WINTER FUTSAL ____ SPRING ____ (Understand players are expected to commit to fall and spring seasons; winter is optional)
Experience: Recreational (yrs played)_____ Competitive (yrs played)____ Team/Club_____
Other sports planning on playing: _____
Please bring completed form with non-refundable $ 20 registration fee [cash, check, or money order] payable to BOONVILLE SOCCER ACADEMY on the day of the tryout. The registration fee will cover MYSA Competitive Outdoor player fees for one year if player is accepted to a Boonville Soccer Academy team.
PAID ____ (Staff initials)
BOONVILLE SOCCER ACADEMY
611 6th Street , Boonville, MO 65233. (660) 882-3560