

**BUCYRUS AREA YOUTH SOCCER CLUB
REGISTRATION FOR 2011-2012 SEASONS**

FOR MORE INFO AND TO REGISTER ON-LINE VISIT WWW.BUCYRUSSOCCER.COM

Players Name _____ Date of Birth ____/____/____

Address _____ City/Zip _____

Preferred Phone # _____ Additional Phone # _____

e-mail address _____

GENDER (circle) male or female

RELEASE TO PARTICIPATE: I, the parent/legal guardian of the above named player/registrant, a minor, agree that I, and the registrant, will abide by the rules of the league. I acknowledge that there are risks and dangers, both known and unknown, involved in participating in soccer and I know that unanticipated and unexpected dangers and hazards may occur during participation in soccer games, practices or related activities. I recognize the possibility of physical injury associated with soccer and in consideration for BAY accepting the registrant for its soccer programs and activities. I agree to release, discharge and / or otherwise indemnify and save and hold all persons connected with Bucyrus Area Youth Soccer Club, Inc., The City of Bucyrus, affiliates, sponsors, associated personnel and volunteers against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and / or being transported to or from the program, which transportation I hereby provide or authorize. By enrolling in this program I understand this Waiver, Release, Covenant Not to Sue and Hold Harmless Agreement extends and applies to any personal injuries, damages or losses which I and/or the registrant may experience or sustain arising directly or indirectly while engaged in this activity. I acknowledge that I (am / am not) (circle) married and that my spouse is aware of our child's participation and he / she consented to the terms and conditions of this agreement.

All player(s)/parents are excepted to participate in any and all fundraisers when asked to do so by the club. In addition, all parents excepted to work at least one shift in the concession stand.

SIGNATURE OF

PARENT/GUARDIAN _____ DATE _____

CONSENT FOR MEDICAL TREATMENT: As a parent / legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry . This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

SIGNATURE OF

PARENT/GUARDIAN _____ DATE _____

NAME OF PARENT/GUARDIAN (PRINT) _____

FATHERS NAME _____ PHONE# _____

MOTHERS NAME _____ PHONE# _____

Registration Fee: \$25 (on-line registration)

IMPORTANT NOTE: Registrations submitted by paper instead of on-line will have to pay and additional \$10 fee.

Paid check or cash check # _____

Make Check Payable to: B.A.Y. Soccer (Bucyrus Area Youth Soccer)

Mail to: BAY Soccer,

P.O Box 979

Bucyrus, OH 44820

SHIRT SIZE: (circle one) Youth small Youth med. Youth large
Adult small Adult med. Adult large Adult XL

Parents are responsible for proper shirt order. Reorders incur a \$10 fee.