

DO NOT WRITE IN THIS SPACE - BYS USE ONLY

Birth Certificate: Yes / No	Payment: Cash / Ck. #: _____	DIVISION				
Amount Rec'd: \$ _____	Number Registered: 1 / 2 / 3+	Micros	8U Boys	8U Girls	10U Boys	10U Girls
		12U Boys	12U Girls	14/15U Co-Ed	18U Co-Ed	

REGISTRATION FEES ARE NON-REFUNDABLE: 1 Player (\$50) / 2 Players (\$95) / 3+ Players (\$115)

BROOKLYN YOUTH SOCCER PLAYER REGISTRATION FORM

Mailing Address: P.O. Box 435, Brooklyn, CT 06324 / Web: www.brooklynouthsoccer.com

PLAYER INFORMATION (Please print ALL information on form legibly!!)

LAST NAME: _____ FIRST: _____ MI: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY CONTACT #: (_____) DATE OF BIRTH: ____ / ____ / ____ MALE / FEMALE

CURRENT GRADE (SPRING) _____ GRADE IN SEPTEMBER (FALL REGISTRATION) _____

CHILD'S SHIRT SIZE (Please Circle One)

YOUTH: Small / Medium / Large **ADULT:** Small / Medium / Large / X-Large

PARENT/GUARDIAN INFORMATION

First Parent/Guardian's Name:	Second Parent/Guardian's Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

EMERGENCY CONTACT/MEDICAL INFORMATION

Emergency Contact:	Phone #
Doctor to notify in Emergency:	Phone #

ALLERGIES or OTHER MEDICAL CONDITIONS THAT SHOULD BE KNOWN:

CONSENT and LIABILITY WAIVER, CONSENT FOR EMERGENCY MEDICAL TREATMENT, ACKNOWLEDGEMENT OF CODE OF CONDUCT

I/We, the parent(s)/legal guardian(s), hereby give consent for participation in all BYS soccer related activities. I/We understand that participation in sports activities includes physical exertion and contact and certify that this child is in good health and able to participate in all activities. I/We hereby release BYS, Its directors, officers, agents, coaches and volunteers from any and all claims and liability of any kind for death or personal injury due to participation in BYS activities. I/We also consent such emergency medical care and treatment as may be deemed necessary and appropriate by a duly licensed medical or dental professional to preserve the life, limb or well-being of the above-named minor, which shall include such emergency treatment and transportation as is reasonably necessary to reach the nearest medical facility. *By signing below, I/We also acknowledge that I/We have reviewed and accept the Player-Parent Code of Conduct as a condition of participation in Brooklyn Youth Soccer and that any violation thereof will subject me/us/the child to such penalties as the Board, in its sole discretion, deems necessary and appropriate for the best interest, safety and security of BYS, its members, players, coaches, and spectators, up to and including dismissal.*

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

Interested in helping to support your team? Sign up and become part of our Parental Support!!!

Board Member Coach Asst. Coach Team Parent Field Set-up Fund Raising Sponsorship

VOLUNTEER'S NAME: _____