



2009 FALL SOCCER REGISTRATION

PLAYER'S NAME _____ BIRTH DATE _____ SEX _____
 ADDRESS _____ ZIP CODE _____
 PHONE # _____ ALTERNATE PHONE # _____ 2009/2010 GRADE _____
 PARENTS OR GUARDIANS FULL NAMES _____
 EMAIL ADDRESS (Print Clearly) _____

Fall League Information: 4th, 5th and 6th Grade Students Only—No Exceptions
 Games on Sundays at Baker Park Canandaigua ~Sept. 13th to Oct 25th
 Coaches will contact players regarding practices

Registration Fee	Shirt Sizes	Bloomfield SC Use Only
<p>DEADLINE IS SATURDAY SEPTEMBER 5th</p> <p>\$35 Fall Registration Fee</p> <p>Write Check/Mail to: Bloomfield Soccer Club PO Box 536 Bloomfield, NY 14469</p>	<p style="text-align: center;"><i>Circle One</i></p> <p>Youth S M L</p> <p>Adult S M L XL</p>	<p>Check # _____</p> <p>Fee Paid _____</p> <p>Date _____</p> <p>In database? _____</p> <p>Info Verified? _____</p> <p>Age group _____</p>

Equipment: Fee includes Team T-shirts that players keep at end of season. Players must provide molded soccer cleats and wear shin guards which must also be covered with socks.

Special requests may be submitted for consideration, but we cannot guarantee any request: Preferred coach or teammate: In recreational play, team balance is very important to a successful soccer program. These requests will be considered only if this objective is met. Parent coaches can coach their own child. **Write Coach/Player requests below**

Family support is required for the success of our volunteer soccer Program! Be part of our community soccer program:

_____ Coach* _____ Shirt Coordinator _____ Field Maintenance _____ Club Administration
 _____ Assistant Coach* _____ Club Equipment Manager _____ Referee _____ Organize Field Trip(s)
 _____ Team Parent _____ Sponsors coordinator _____ Referee Coordinator

VOLUNTEER NAME(S) _____ TELEPHONE _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, 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. As the parent/guardian of the above named player, I hereby consent, if I am not present and cannot be reached with reasonable efforts, to emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry, under whatever conditions are necessary to preserve the life, limb or well being of the player.

Parent/Guardian Signature _____ DATE _____

In addition I would like my child's coach to be aware of the following condition that could affect my child's ability to play soccer: