BISL ~ Bomber Indoor Soccer League ~ For Bloomfield High Students

PLAYER'S NAME _____ BIRTH DATE_____ SEX _____

ADDRESS _____ ZIP CODE _____

PHONE # _____ ALTERNATE PHONE # _____ **CURRENT GRADE** _____

PARENTS OR GUARDIANS FULL NAMES _____

EMAIL ADDRESS (Print Clearly) _____

Bomber Indoor Soccer League Session
9th Grade - 12th Grade
December 28th thru February 10th

Late Winter Practice/Scrimmage Sessions
February 23rd thru April 15th
Sign up for both now!

Players must wear sneakers or indoor soccer shoes appropriate for gym floor.
SCORE Pinnies supplied for teams. All players must wear shin guards

Registration Deadlines	Registration Fee	☑	Additional Fees	BSC Use Only
Bomber Indoor Soccer League **FRIDAY DECEMBER 18th** Write Check/Mail to: **Bloomfield Soccer Club** **PO Box 536 Bloomfield, NY 14469**	**$15.00** **High School Players also enrolling in late winter indoor sessions** **$25**	☐ ☐	*Any groups or teams playing in additional tournaments or leagues outside of Bloomfield will collect **additional fees** to cover entry fees as needed*	Check # Fee Paid Date Age / Grade

***BISL** Games scheduled within time slots to the right. Each team to play 1 or 2 games per date pending registration numbers.*

All game dates and times are subject to change at any time due to school closings that day or rescheduling of BCS activities.

***We will be selecting actual dates from the list at right** to maximize participation, please check any dates you know you will likely miss due to other BCS activities or outside commitments.*

Possible Afternoon Times

- ☐ Mon Dec 28 1-4pm
- ☐ Tues Dec 29 1-4pm
- ☐ Wed Dec 30 1-4pm
- ☐ Thrs Dec 31 1-4pm
- ☐ Mon Jan 18 1-4pm MLK Day

Possible Evening Times

- ☐ Tue Jan 5 7:30-9:30pm

Possible Evening Times

- ☐ Wed Jan 6 7:30-9:30pm
- ☐ Thu Jan 7 7:30-9:30pm
- ☐ Tue Jan 12 7:30-9:30pm
- ☐ Thu Jan 14 7:30-9:30pm
- ☐ Tue Jan 19 7:30-9:30pm
- ☐ Fri Jan 22 7:30-9:30pm
- ☐ Tue Jan 26 7:30-9:30pm
- ☐ Wed Jan 27 7:30-9:30pm
- ☐ Thu Jan 28 7:30-9:30pm
- ☐ Fri Jan 29 7:30-9:30pm
- ☐ Tue Feb 2 7:30-9:30pm
- ☐ Fri Feb 5 7:30-9:30pm
- ☐ Tue Feb 9 7:30-9:30pm
- ☐ Wed Feb 10 7:30-9:30pm

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:

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