



PLAYER REGISTRATION FORM BOERNE SOCCER CLUB

P.O. Box 2117
Boerne, TX 78006
(830) 755-2356
www.boernesoccer.org



FEES Due: Registration \$ _____	Scholarship <input type="checkbox"/>	_____	Date _____
Total T-Shirt/Balls _____	Vol Voucher <input type="checkbox"/>	_____	Check/MO # _____
Late Fee _____	Multi Family <input type="checkbox"/>	_____ Sib	Total Paid _____
(Uniform, Equip,) Other _____	<input type="checkbox"/>	_____ Sib	
(Donation, etc.) Total Charges _____	<input type="checkbox"/>	_____ Sib	Balance Due: _____

FEES:	On Time Registration Fees	\$25 Late Fee due after deadline posted on website
Rec Registration Fee U5-U10	\$100	Late Registration \$125
Rec Registration Fee U11≥	\$125	Late Registration \$150
Dev League Program fee*	\$300	Late Registration \$325
Select Registration fee	\$125	Late Registration \$150
		Select Uniform Fee \$139

(Must match Birth Certificate) **Check One :** Rec Developmental Select

Name: _____ (U9/U10 Only)
Last First Middle Initial

Mailing Address: _____
Street City Zip

Home Phone _____ **Cell Phone** _____

E-Mail: _____ Coach Cert/License Level _____

Date of Birth _____ **Current Age** _____ **Male** **Female** **Seasons Played** _____

Day(s) player can NOT practice: ___ Su ___ M ___ Tu ___ W ___ Th ___ F **Avail Practice Time:** ___ 5-6 ___ 6-7 **Other:** _____

One Request: _____ (BSC makes no guarantee that requests will be honored)

U8 and up - Team formation now conducted by lottery drawing. NO requests are permitted.

List Any Medical Conditions: _____

Fathers Name _____ Occupation _____ Wk Phone _____

Mothers Name _____ Occupation _____ Wk Phone _____

Person to notify in emergency _____ Relationship _____ Telephone _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by 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.

Print Parent/Guardian Name: _____

Signature: X _____

I CAN BEST ASSIST BY:

Coach Asst Coach

Field Preparation Clerical

Field Development Reporter

Board Member Publicity

Fundraising Team Sponsor

\$25 donation instead of volunteering

DONATION: _____

OTHER: _____

CONSENT FOR MEDICAL TREATMENT MINOR

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

Signature of Parent or Guardian _____

X _____

OFFICIAL USE ONLY Birthdate Verified? _____ (Initials) _____

Scholarship Proof of Need?

Soccer Start

NOTES: _____