



Bonneville Youth Soccer League—
www.byslsoccer.org
IYSA/BYSL Registration Form



Circle Age/Level for tryouts/sign-ups: _____

(FYI--age group breakdowns are located at byslsoccer.org--New seasonal year begins August 1.)

YDP: U5/6 U7/8 U9/10 **U12:** U11/12 **JR. HIGH:** JH Boys (M) _____ / Girls (F) _____

CLUB: U13 U14 U15 U16 U17 U18 U19 *Play-up Age Group:* _____

(FOR YDP PLAYERS ONLY: JERSEY SIZE: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___)

Last Name _____ **First Name** _____ **Middle Initial** _____

Birth Date _____ **Age** _____ **Hm Phone** _____

School you attend: _____ **Date of Last Season** _____

Parents/Guardians _____ **Parents Wk # (M/D?)** _____

Mom Cell# _____ **Dad Cell#** _____

Address _____ **City** _____ **Zip** _____

Parent E-Mail _____ / **Player E-Mail** _____

List any medical problems, allergies or prohibitions _____

Person to notify in case of an emergency _____ **Phone** _____

Doctor _____ **Phone** _____

Primary Insurance _____ **Group/Policy Number** _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Bonneville Youth Soccer League; its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the BYSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the BYSL, 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 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.

Revised June 2010

Signature of Parent/Guardian _____ **Date** _____

