

# Bonneville Youth Soccer League Spring 2008

Circle Age/Level for tryouts/sign-ups:

U10 U12 U13 U14 U15 U16 U17 U18 U19 Play-up for age \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_ Date of Last Season \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent e-mail address \_\_\_\_\_

Player e-mail address \_\_\_\_\_

List any medical problems, allergies or prohibitions \_\_\_\_\_

\_\_\_\_\_

Person to notify in case of an emergency \_\_\_\_\_

Phone \_\_\_\_\_

Doctor to notify in case of an emergency \_\_\_\_\_

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.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_