

BYSL Blizzard 3 v 3 Indoor Soccer Tournament

December 27-28, 2019

Team Name: _____
 Team Captain's Name: _____
 Captain's Address: _____
 Captain's Phone: _____

Age Division

U12 Girls (08-09)_____ U12 Boys (08-09)_____ U14 Girls (06-07)_____ U14 Boys (06-07)_____

U14 Co-Ed (06-07)_____ U16 Girls (04-05)_____ U16 Boys (04-05)_____ U16 Co-Ed (04-05)_____

U19 Girls (01-03)_____ U19 Boys(01-03)_____ U19 Co-Ed (01-03)

Skill Level of Team

Gold _____ Silver _____ Bronze _____

Name & Phone Number	Grade	Date of Birth	Male/Female

ALL PLAYERS AND A PARENT/GUARDIAN FOR EACH PLAYER MUST SIGN THIS WAIVER

Recognizing the possibility of injury or illness, and in consideration for the Bonneville Youth Soccer League accepting me or my son/daughter ("Participant") to participate as a player in soccer or other sport related activities (the "Programs") in the indoor soccer facility located at the Melaleuca Events Center at 1542 East 73rd South, Idaho Falls, ID, I consent to Participant participating in the Programs. Further, I for myself, Participant, our heirs, executors and administrators waive, release, and forever discharge, and otherwise agree to indemnify, the Bonneville Youth Soccer League, its sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of Participant as a result of Participant's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of Participant to or from the Programs (if applicable).

Participant is physically fit and mentally capable of participating. Participant has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I will provide written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that has or that may impact Participant's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide Participant with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Player's Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

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Parent/Guardian Signature: _____ Date: _____

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**Completed registration form and waiver with your check, cash or money order
needs to be mailed to:**

**BYSL BLIZZARD
P.O.Box 51665
Idaho Falls, ID 83405**

*Make checks and money orders payable to BYSL Soccer.
Please include team name and age group in the Memo area.*

*If you prefer to pay with VENMO please scan this QR Code and make sure and list the team
captain, age group and team name in the memo.*

