

Bloom Carroll Youth Athletics Soccer Registration Form 2008

BCYA PO Box 191 Lithopolis, OH 43136

| | | | | | |
|--------------------|---|---------------------------|---|--|---|
| Spring 2008 | Registration Dates: Jan 12 11-1P Wagnall's Jan 19 1-3P Shirky's Pizza Zone, Carroll | Deadline: Feb 1 | After Feb 1 applications may be denied. | <p>All U6 or U8 families must choose to volunteer in one of the following ways, or pay a \$20 fee. The fee is per family, not per child. A volunteer schedule will be handed out before the season begins. You will be scheduled to volunteer one time. If you are not able to make your date, you must find a replacement or pay the \$20 fee. Penalty fees must be paid before the next BCYA season. Job choice is first come first serve basis.</p> Field Striping _____ Dumping trash cans at Roller into dumpster (need pick-up truck) _____ Field set-up or take-down _____ Clean restrooms _____ | I am interested in: Coaching _____ Assistant Coaching _____ ***** <p style="text-align: center;"><i>My child has played _____ seasons of soccer in the past.</i></p> |
|--------------------|---|---------------------------|---|--|---|

Please Print

| | | |
|------------------|------------|-------------------|
| Player Last Name | First Name | |
| DOB | Gender | Division Assigned |
| Players Address | City | Zip |

| | | |
|----------------|------------|-------------|
| Parent(s) Name | Home Phone | Other Phone |
|----------------|------------|-------------|

Email Address

Emergency Contact

| | | |
|---------------|--------------------------------------|-------------|
| Shirts | Youth S M L Adult S M L XL XXL | \$25 |
| Shorts | Youth S M L Adult XS S M L XL XXL | \$14 |
| Socks | Age Groups 5-7 8-10 10-12 | \$5 |

Uniforms
 All players must wear a BCYA uniform. It is the same as last season. You will need a shirt, shorts and socks.

Complete Uniform
\$40

Registration Fees:

| | | |
|---|---------|-------|
| BCYA Fee (everyone) | \$35.00 | _____ |
| Non-volunteer (U6 and U8 only) | \$20.00 | _____ |
| Uniform | \$ | _____ |
| Sibling Discount (discount not taken off the 1 st child) | -\$5.00 | _____ |
| Total | | _____ |

Bloom-Carroll Youth Athletics

Payment Information

Date rec'd _____

Method: Cash or Check

Amount \$ _____

Check # _____

Initials _____

Thank
 You... Your
 Coach will
 be in
 contact!

2008 EMERGENCY MEDICAL AUTHORIZATION

Player's Name _____
Address _____

Birth Date _____ Telephone No. _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in the Bloom-Carroll Youth Athletics program, when parents or guardians cannot be contacted.

Part 1 or Part 2 must be completed

Part 1 To Grant Consent

In the event reasonable attempts to contact me at _____ (phone #) or _____ (other parent or guardian) at _____ (phone #) have been unsuccessful, I here by give my consent and accept financial responsibility for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) Phone # _____ or Dr. _____ (preferred dentist) Phone # _____ or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinions of two surgeons are obtained prior to the performance of such surgery.

Facts concerning this child's medical history, including allergies, medications being taken and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent or Guardian _____

Address: _____

Part 2 Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Bloom-Carroll Youth Athletics to take no action or to:

Date: _____

Signature of Parent or Guardian: _____

Address: _____

