



BSC TOPSoccer APPLICATION/REGISTRATION FORM

PLEASE PRINT

SPRING: _____ or FALL: _____ DATE: _____ 20_____

NAME: _____

Player's School (if applicable): _____

Male _____ Female _____ Player's DATE OF BIRTH: _____

*Mother's Date of Birth: Month _____ Day _____ Year _____

*Required to be registered with the State Soccer Association. Mother's DOB will be used in place of players SS# that was used prior '09.

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT'S NAME (LEGAL GUARDIANS) _____

ADDRESS(if different) _____ CITY _____ STATE _____ ZIP _____

e-mail address: _____

All correspondence will be made via e-mail. It is important that you include the e-mail address you use most frequently.

Home PHONE (____) _____ - _____ CELL (____) _____ - _____

EMERGENCY PHONE (____) _____ - _____

EMERGENCY CONTACT NAME _____ Relationship to Player _____

INSURANCE COMPANY _____ POLICY# _____

Family doctor to contact in case of emergency: _____ Ph# _____

Please Circle the division you would like your player to play in:

Little Shooters ages 4-6

Little Kickers ages 6-8

Strikers ages 8-10

Juniors ages 11-13

Teen Competitive ages 13-17

Seniors Leisure ages 13-adult

Ladies ages 14-Adult

Adult Competitive/Unified ages 18-adult

PARENT OR GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY - To induce the BELLEVUE SOCCER CLUB Inc. to accept registration and permit participation in the BSC by the above named individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold blameless BSC and its officials, coaches, assistant coaches or parent of team member acting in the capacity of activity supervisor/vehicle drivers from any claim arising out of injury to the above named individual.

STATE OF NEBRASKA LIABILITY WAIVER - Coaches, managers, umpires, referees, their assistants, or anyone who prepares any playing field shall NOT be liable for injury or death of any participant in the Bellevue Soccer Club activities which result from the negligence of any of the above named individuals.

PARENT OR GUARDIAN DISCLAIMER - We/I the parents of (please print name) _____ hold harmless BSC, its officials, coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

LEGAL AUTHORIZATION AND CONSENT FOR ALL ABOVE ITEMS

SIGNED: _____ Date: _____



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HEALTH INFORMATION/DIAGNOSIS (CIRCLE THOSE APPROPRIATE)

Down syndrome, Atlantoaxial Instability, Diabetes, Heart Problems, Seizure Disorder, Visually Impaired, Hearing Impaired, Non-Verbal, Hepatitis, Bleeding Problems, Mobility Impairment, Asthma, Learning Disabilities, Autism Spectrum Disorder

Other _____

OTHERS: please list any information that the coaching staff needs to know about your child, attach another sheet to this form if you need more room.

LIST AIDS USED: (such as a wheelchair, hearing aid, glasses etc. List any information coaches staff needs to know about your player, attach another sheet to this form if you need more room.)

LIST ALLERGIES: _____

MEDICATIONS: _____

NAME, DOSAGES, TIME GIVEN, SIDE EFFECTS

IMMUNIZATIONS: DATE OF LAST SHOT:

TEATNUS _____ **POLIO** _____ **HEPATITIS B** _____

EMERGENCY AUTHORIZATION

We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as agents for the undersigned to consent to Medical, Surgical or Dental Examination or Treatment in the case of emergency. I/We hereby authorize emergency treatment and/or care of: (PLEASE PRINT NAME OF PLAYER) _____ at ANY hospital. (IF OTHER PLEASE STATE)

SIGNED _____ **DATE:** _____

(PARENT OR GUARDIAN)

BSC TOPSoccer Parental Release

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN

I am the parent/guardian of _____, on whose behalf I have submitted the attached application for participation in Bellevue Soccer Club TOPSoccer Program. I hereby represent that he/she has my permission to participate in Bellevue Soccer Club TOPSoccer. I further represent and warrant that to be best of my knowledge and belief, he/she is physically and mentally able to participate in Bellevue Soccer Club TOPSoccer. With my approval, a license physician has certified based on an independent medical examination that there is no medical evidence which would preclude his/her participation. I understand that if he/she has Down syndrome, a full radiological examination to establish the absence of Atlanto-axial Instability is needed.

In permitting him/her to participate, I am specifically granting my permission, (both during and any time after) to Bellevue Soccer Club TOPSoccer to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes activities of Bellevue Soccer Club TOPSoccer and/or for fund to support this program. If a medical emergency should arise during his/her participation in Bellevue Soccer Club TOPSoccer, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Bellevue Soccer Club TOPSoccer, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Bellevue Soccer Club TOPSoccer deems advisable in order to protect his/her health and wellbeing. I am the parent (guardian) of _____ . I have read and fully understand the provisions of the above release.

Through my signature on this release form, I am agreeing to the above provision on my own behalf and that of my child. I also realize the potential risk involved with my child's participation in this program. I there for will not hold the Bellevue Soccer Club TOPSoccer program its coaches, volunteers or other agents responsible for harm that comes to my child while he/she is participating in this program. I hereby give my permission for him/her to participate in Bellevue Soccer Club TOPSoccer Program.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____