



Bunker Hill Sports Association



SPRING SOCCER

www.bhsasports.com
bhsasports145@gmail.com

PLAYER INFORMATION:

Name: _____ MALE FEMALE

Address: _____ City: _____ Zip: _____

**Best means of contact: TEXT E-MAIL **BHSA uses e-mail and/or text messages as its main means of contact

DOB: _____ Age as of April 1st: _____

E-Mail Address: _____

please print clearly

Father's Name: _____ Cell Phone #: _____

Mother's Name: _____ Cell Phone #: _____

Please list any medical issues / allergies:

Emergency Contact (other than parent) : _____ Phone #: _____

CO-ED Rec SOCCER

5-6 yr old 7-9 yr old

10-13 yr old (can not be in HS)

SHIRT SIZE

YOUTH: S M L

ADULT: S M L XL

circle one

Parental Support: Please indicate any area for which you would be willing to help with

Coach Assistant Coach

EXCULPATORY CLAUSE

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of BHSA. Recognizing the possibility of injury associated with SOCCER I hereby release, discharge and/or otherwise indemnify the BHSA and associated personnel, including but not limited to, the coaches, assistants, the owners of the fields and facilities used 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. I also hereby consent to use of photographs by BHSA.

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MEDICAL AUTHORIZATION CONSENT

As the legal parent / guardian of the registrant who is a minor, I hereby give consent for emergency medical care to be administered by a duty licensed Medical Doctor. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my minor dependent.

****NOTES**

****BHSA will do its best to honor requests, no guarantees**

***FEES**

- \$60.00 First Player
- \$50.00 Second Player (of the same family)
- \$40.00 Third Player (of the same family)

SIGNATURE: _____ **DATE:** _____

FORM MUST BE SIGNED

Amount Paid: _____ Check #: _____
Rec'd By: _____ Date: _____

!!!THANK YOU for YOUR REGISTRATION!!!