



Winter 2012
Youth Soccer Program
Player Information and Medical Release Form

U _____

Player's Name: _____	Gender: _____	Date of Birth: _____	Age on 8/1/11: _____
Address: _____		City: _____	State: _____ Zip: _____
Parent/Contact Email Address (please print neatly): _____			
School: _____	Special Requests: _____	Years Played: _____	_____
Jersey Size: YS YM YL AS AM AL AXL AXXL (circle one)			

EMERGENCY INFORMATION

Father's Name: _____	Home Phone: _____	Work/Cell Phone: _____
Mother's Name: _____	Home Phone: _____	Work/Cell Phone: _____
In an emergency, when parents cannot be reached, please contact:		
Name: _____	Home Phone: _____	Work/Cell Phone: _____
Name: _____	Home Phone: _____	Work/Cell Phone: _____
Allergies: _____		
Other Medical Conditions: _____		
Player's Physician: _____	Phone: _____	Address: _____
Medical and/or Hospital Insurance Company: _____	Phone: _____	
Policy Holder: _____	Policy #: _____	Group #: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the US Youth Soccer Association, PA West Soccer Association, and the Bellefonte Soccer Association. Recognizing the possibility of physical injury associated with soccer and in consideration for the Bellefonte Soccer Association, PA West Soccer and US Youth Soccer accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify PA West Soccer, US Youth Soccer, and the Bellefonte Soccer Association their employees, volunteers and other 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.

Parent/Legal Guardian Signature _____ Date _____

I, the parent/guardian of the registrant, a minor, hereby authorize the Bellefonte Soccer Association coaches, team parents, and/or league officials to act as my agents in the capacity of activity supervisors and to consent to medical, surgical, or dental examination and/or treatment.

Parent/Legal Guardian Signature _____ Date _____

REFUND POLICY: There will be no refunds given unless a player incurs an injury and is unable to continue playing the remainder of the season. In this case, any refund would be immediately less PA West's processing fee and the Board will examine the circumstances and prorate any refund based on the time remaining in the season. Initial _____

Official League Use Only

\$40 Early Bird (\$80 Family Max.) **Sign-up Deadline: 12/2/2011**

Amount Paid \$ _____ Check # or Cash _____ Make checks payable to: "***Bellefonte Soccer Association***"

Player Birth Certificate (copy) provided? NO YES (If yes, attach to registration) Registrar Initials _____

Player's Age Division: U8 U10 U12 U14 (circle one)

Player's Gender: Boy or Girl (circle one)