

COMPETITIVE SPRING SOCCER REGISTRATION 2010

BRADEN RIVER SOCCER CLUB, INC.
 11523 Palmbrush Trail, #212, Bradenton FL 34202
 1-866-717-BRSC (2772)
www.bradenriversoccer.org

BRSC OFFICIAL USE ONLY

Date Received:

Age Group: U

Age as of 08.01.09:

Years Experience:

Paid: Yes No

Cash Check

Check No:

Amount:

PLAYER INFORMATION

Name:

Gender:

DOB:

*Current Comp Player: Yes No
 (If answered yes, see below)

Street Address:

City:

Zip Code:

PARENT INFORMATION

Mother / Guardian:

Email:

Phone (HM):

Phone (Cell):

Father / Guardian:

Email:

Phone (HM):

Phone (Cell):

SPRING SOCCER OPTIONS

Options	Description	Cost	Check Below	Indicate Amount Due
Option 1:	Competitive Spring Soccer 2010	\$30.00		\$
Option 2:	Soccer Tennis	\$30.00 (\$10 if registered for Street Soccer)		\$
Option 3:	Skills Competition	\$30.00 (\$10 if registered for Street Soccer)		\$
Total Amount Due:				

INFORMED CONSENT, MEDICAL RELEASE AND PARENTAL RESPONSIBILITIES

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of the Braden River Soccer Club, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Medical Release: As parent or guardian of the registrant, I hereby give my consent for emergency medical and/or dental care as deemed necessary by a duly licensed dentist, physician, emergency medical technician, certified trainer or health care professional. This care may be given under whatever conditions are necessary to preserve life, limb or well being of that minor child. I further agree to be responsible for payment for such treatment and hold Braden River Soccer Club and its staff free from liability.

Payment & Fee Responsibility: I agree to pay the registration fees determined by BRSC for the program my child is being registered for. If I need to make payments, I will follow the guidelines set forth by the BRSC Board of Directors. In addition, I also agree to pay for individual team expenses as set by each team.

***Players are obligated to the club in which they are currently rostered for the seasonal year, unless the player is given a release from the club they registered with. The end of the seasonal year will be at the conclusion of State Cup in May. In order to play in our program, you will need to obtain and submit to BRSC permission in writing from your child's coach, or a release by the club registrar.**

Signature of Parent / Guardian:

Date:

Witness By:

On this date:

(Notary Public)

State of Florida, County of Manatee. This person is personally known to me or has provided proper identification:

ID # _____

ID

Type: _____