



2011 - 2012 RECREATIONAL REGISTRATION FORM

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: _____		Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> NA (Returning Player) <input type="checkbox"/> Faxing		Rec: <input type="checkbox"/>	FYSA#:
Age Group: U -	Age as of 08-01-11:			<input type="checkbox"/> Coed	<input type="checkbox"/> Girls
Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Check No: _____			
Amount Paid: <input type="checkbox"/> U5-U7 - \$95		<input type="checkbox"/> U8-U10 - \$105	<input type="checkbox"/> U11-U18 - \$115		
Sponsor: _____					

PLAYER INFORMATION

Name: _____	Gender: _____	DOB: _____
Address: _____		
City: _____	Zip: _____	
Phone (HM): _____		
Physician: _____	Physician Phone: _____	
Heath Insurance Co: _____	Policy No: _____	
Known Allergies / Special Conditions: _____		

PARENT INFORMATION

Mother / Guardian: _____	Email: _____
Phone (HM): _____	Phone (Cell): _____
Place of Employment: _____	Occupation: _____
Father / Guardian: _____	Email: _____
Phone HM: (if different than above): _____	Phone (Cell): _____
Place of Employment: _____	Occupation: _____
I will volunteer as: Coach/Tm Mgr/Concession/Field Marshal	
Registration/Uniforms/Equipment/Field Help/Trophy Committee	I will opt out and pay the \$50.00 fee (_____) Initials

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.

Volunteer Responsibility: As a member of BRSC I agree to volunteer a minimum of four hours, per family, to the Braden River Soccer Club or pay an additional **\$35.00 at registration** in lieu of my time in the volunteer capacity indicated above. If I elect to opt out during the season or if I am a late registrant, I agree to pay an increased fee of \$50.00.

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 agree to pay for individual team expenses as set by each team.

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: _____