



P.O. BOX 683  
SHELBYVILLE, IN. 46176  
[www.blueriversoccer.org](http://www.blueriversoccer.org)

### Fall 2010 Registration-Rec

**\*\*Child must have been born between 08/01/1992 and 08/01/2007 to participate in the Fall 2010 season.**

<p><b>REGISTRATION DEADLINE AND FEES</b></p> <p>All registrations must be postmarked by May 29, 2010. Fees are \$55 for the first child and \$50 for each additional sibling. All registrations received after this date will be placed on a waiting list.</p>	<p><b>SPIRIT WEAR</b></p> <p>We have new t-shirts and hooded sweatshirts for you to order to support the Blue River Soccer Association. These will be blue with yellow writing and they will have the BRSA logo on the back of them. The profits from these shirts will stay with BRSA to help our children have a safe place to play soccer now and in the future. If you order sizes AXXL or AXXXL, please submit an additional \$2.00 per shirt.</p> <p><b>T-Shirts:</b> \$15.00 each ___YS ___YM ___YL ___AS ___AM ___AL ___AXL ___AXXL ___AXXL  <b>Hooded Sweatshirts:</b> \$25.00 each ___YS ___YM ___YL ___AS ___AM ___AL ___AXL ___AXXL          ___AXXL</p>
--	--

FULL PAYMENT and PROOF OF AGE (Birth Certificate, ID card, Passport) must be included with each registration form. All fees are NON-REFUNDABLE once the child has been registered. All registration forms must be mailed to: P.O. Box 683, Shelbyville, Indiana 46176 or dropped off at P.A.S.S. or Shelbyville Parks & Recreation Department. Para más información en español por favor, comuníquese con Robert al 317-604-7443

**ONLINE REGISTRATION is available May 1st - May 29th at [www.blueriversoccer.org](http://www.blueriversoccer.org)**

**Player Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ (MM/DD only! - required for IYS player ID# - we can not register a player without this)

Shirts run slightly small and are 100% cotton  
please verify shirt size, if ordered incorrectly  
second shirt will be charged seperately.

<b>Shirt Size</b>	Youth XS	Youth S	Youth M	Youth L	Adult XXL
(Please circle selection)	Adult S	Adult M	Adult L	Adult XL	Adult XXL

**Emergency Contact Information (someone other than guardian(s)):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_ Y / N Known allergies/ medical conditions that could  
affect child's ability to play? If yes, please list\*\*:

Email Address: \_\_\_\_\_ \*\*BRSA has the right to request additional medical information before registering a child

**Parent Information:** *\*Please be sure to indicate an email address so that we may better stay in contact with you throughout the season.*

**Primary Guardian**  Mother  Father  Other

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

**BRSA is made up of volunteers. Please indicate (X) which areas you would be available to assist with.**

<input type="checkbox"/>	Coach (indicate shirt size)	_____
<input type="checkbox"/>	Assistant Coach (indicate shirt size)	_____
<input type="checkbox"/>	Board Position	_____
<input type="checkbox"/>	Concession Stand	_____
<input type="checkbox"/>	Field Maintenance	_____
<input type="checkbox"/>	Sponsor (indicate contact #)	_____

If conditions are met some volunteer positions are associated with a registration discount. Please inquire if interested

**Secondary Guardian**  Mother  Father  Other

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

**BRSA is made up of volunteers. Please indicate (X) which areas you would be available to assist with.**

<input type="checkbox"/>	Coach (indicate shirt size)	_____
<input type="checkbox"/>	Assistant Coach (indicate shirt size)	_____
<input type="checkbox"/>	Board Position	_____
<input type="checkbox"/>	Concession Stand	_____
<input type="checkbox"/>	Field Maintenance	_____
<input type="checkbox"/>	Sponsor (indicate contact #)	_____

I hereby give my child permission to participate in the leagues formed by Blue River Soccer Association, also referred to as BRSA. I also release BRSA from all liability in case of an accident or injury resulting from participating in the programs organized. I understand that BRSA's insurance is secondary to my own and primary only if my child does not have health insurance coverage. In case of emergency, I grant permission for my child to be given emergency medical treatment at a local hospital or medical facility. I understand that my child will NOT be placed on a team until a completed registration form has been submitted and all fees are collected.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please initial if you DO NOT want BRSA to use an occasional photo of your child for publicity purposes or on the BRSA website.