



P.O. BOX 683
SHELBYVILLE, IN. 46176
www.blueriversoccer.org

Spring 2010 Registration - Recreation

****Child must have been born between 08/01/1994 and 01/31/2007 to participate in the Spring 2010 season.**

<p>EARLY REGISTRATION DEADLINE & DISCOUNT:</p> <p>For all registrations postmarked/ submitted online by October 10, 2009 FEES will be discounted to \$50 for the first child & \$40 for each additional sibling</p>	<p>REGISTRATION DEADLINE & FEES:</p> <p>All paper registrations must be postmarked by <u>January 31, 2009</u> - FEES are \$55 for the first child & \$45 for each additional sibling. All registrations received after this date will be placed on a waiting list.</p>
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ALL paper registration forms must be mailed to: P.O. Box 683, Shelbyville, IN 46176 or dropped off at PASS or Shelbyville Parks & Recreation. Registration forms can be obtained at P.A.S.S., Shelbyville Parks & Recreation or online at www.blueriversoccer.org. FULL PAYMENT and PROOF OF AGE (birth certificate, ID card, passport, etc) must be included with each registration form unless prior arrangements have been made. All fees are NON-REFUNDABLE once child is registered! La papelería de registraci3n est1 disponible en espa1ol en nuestro sitio web, <http://www.blueriversoccer.org>. S3 tiene preguntas o s3 quiere m1s informaci3n por favor comuniquese con Robert al 317-604-7443.

ONLINE REGISTRATION is available December 1st through January 31st at 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)

Shirt Size (Select One) Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult XXL

Emergency Contact Information:

Name: _____ Physician: _____

Relationship: _____ Phone #: _____

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

Email Address: _____ **Does your player carry an Epi Pen Y / N** _____

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*: _____

BRSAs 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 #)	_____

Secondary Guardian Mother Father Other

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Place of Employment: _____

Email Address*: _____

BRSAs 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 #)	_____

Shirt Size (Spirit Wear) Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult XXL \$10.00 each _____ quantity

If this player is a coach's child, sponsor's child or sibling requesting to play together in the same age division, please note this in the following section:

I hereby give my child permission to participate in the leagues formed by Blue River Soccer Association, also referred to as BRSAs. I also release BRSAs from all liability in case of an accident or injury resulting from participating in the programs organized. I understand that BRSAs'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 BRSAs to use an occasional photo of your child for publicity purposes or on the BRSAs website.