



Check Appropriate Boxes:

- New Player
- Played **PREVIOUS** season with BESA
- Coed
- All Girls (U7 & Up)

Registration Number: _____

Player's Last Name: _____ First Name: _____ MI: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Sex: _____ Birthdate: _____

Email: _____ Birth Certificate #: _____

Division: _____ Team: _____

Jersey Size: _____ Shorts Size: _____ Socks Size: _____ Hat Size: _____ Jersey #: _____

Grade: _____ School: _____ Height: _____ Weight: _____

Father's Last Name: _____ First: _____ Phone: _____

Address (if different): _____ Work: _____ Cell: _____

Father will help with Team _____ League _____ Referee _____ How? _____

Email: _____ Father's Occupation: _____

Mother's Last Name: _____ First: _____ Phone: _____

Address (if different): _____ Work: _____ Cell: _____

Mother will help Team _____ League _____ Referee _____ How? _____

Email: _____ Mother's Occupation: _____

Emergency: _____ Phone: _____ Cell: _____ Relation: _____

Doctor: _____ Phone: _____ Note: _____

Dentist: _____ Phone: _____ Hospital: _____

Father's Insure Co: _____ Policy #: _____ Mother's: _____ Policy #: _____

Amtdues: _____ Amtpaid: _____ Method: _____ Fund Raiser: _____

I the parent/guardian of the registrant agree that I, and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and 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.

Name _____ Signature X _____ Date _____

Parent/Guardian (please print)

BESA USE ONLY

RELEASE FORM SIGNED: YES NO
(If Player Residing out of Bedford/Eules City Limits)

RECEIVED BY: _____ DATE/TIME _____

BIRTH CERTIFICATE RECEIVED: YES NO
(If New Player)