

Barbour County Youth Soccer (BCYS) Player Registration - REC SOCCER

Mail to: BCYS, PO Box 111, Philippi, WV 26416 - check payable to BCYS or Money Order Only - no cash

REGISTRATION FEE IS \$50.00

PLAYER INFORMATION:

LAST NAME _____ FIRST NAME _____

ADDRESS _____ SEX: Male or Female (circle)

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ BIRTH DATE _____

LAST TEAM PLAYED ON _____ SEASON _____

REGISTERING FOR: (circle) FALL INDOOR SPRING

PARENT/GUARDIAN INFORMATION:

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

EMERGENCY INFORMATION (OTHER THAN PARENTS)

CONTACT: _____ PHONE _____ RELATIONSHIP _____

SHIRT SIZE: (circle) YS YM YL S M L XL

All of the Following Waivers/Releases Must be signed and Dated Release of Claims due to injury

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of BCYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for BCYS accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify BCYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs and activities, 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 and administer.

SIGNATURE _____ DATE _____

Consent for Emergency Medical Treatment

As the parent or legal guardian of the registrant, a minor, I hereby give my consent for emergency medical care prescribed by a duly licensed health care provider. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

SIGNATURE _____ DATE _____

Consent for Image Use

I hereby grant permission to BCYS to use my likeness and/or that of my child/children and/or family, whether through the use of photographs, video, or other media, for league promotional and public outreach purposes. If in agreement, sign:

SIGNATURE _____ DATE _____

PHILOSOPHY AND CODE OF CONDUCT

Throughout a positive approach we seek to help our players grow in self-discipline, personal conduct, self-esteem, and physical well-being. We will encourage our players to be modest in victory and gracious in defeat. Unsportsmanlike behavior will not be tolerated. All parents, spectators, players, and coaches will refrain from open criticism and discourtesy directed towards other players, coaches, officials, and other spectators or parents.

NO PROFANITY • NO DRUGS or ALCOHOL PERMITTED • NO PETS AT THE FIELDS

Date _____ SIGNATURE _____

BCYS RESERVES THE RIGHT TO REFUSE MY PARTICIPATION IF I CAN NOT MEET THE ABOVE TERMS

