



The Boys & Girls Club of Ada Youth Soccer Club

915 South Hickory (580)332-3717 www.bgcada.com

Registration Opens February 1, 2018 & Closes February 23, 2018

New Spring 2018 Player Fee: \$70.00 Returning Fall 2017 Player Fee: \$55.00

AGE ELIGIBILITY

- U5- 1/1/13 to 12/31/13
- U6- 1/1/12 to 12/31/12
- U7- 1/1/11 to 12/31/11
- U8- 1/1/10 to 12/31/10

Fall 2017 Player: Y N Team Color: _____ Coach: _____

Jersey Size: YXS / YS / YM / YL / S / M / L / XL

Player's Last Name: _____ First Name: _____ M.I. _____ Gender M/F

Street Address: _____ City: _____ Zip Code: _____

Primary Phone Number: _____ Date of Birth: _____ Age: _____

Primary Email Address: _____ Native American: Y N Chickasaw: Y N

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

The Boys & Girls Club is an all-volunteer league that is dependent on parents volunteering to coach. Please indicate below if you would be willing to help coach your child's team. Coaches will receive half off 1 tuition for their child.

Name/Phone#/Birthdate _____

****Cancellation Policy - A cancellation request must be made by letter, fax or e-mail. Refund requests must be received no later than 02/23/18 for a full refund. Requests received from 2/24/18 to 3/2/18 will receive a refund minus a \$30.00 cancellation fee. Requests received after 3/2/2018 will not receive a refund.**

Release of Liability (must be signed)

I, the parent/guardian of the registrant minor, agree that I and the registrant will abide by the rules and regulation of the BGCA, its affiliate organizations and its sponsors. In consideration of the player's participations in the soccer programs and activities of the BGCA Parties, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the BGCA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities or causes of actions arising out of, or in connection with, the player's participation in the Programs including, without limitation, player's transportation to/from and Program which transportation is hereby authorized.

Consent for Medical Treatment (must be signed)

As the parent or legal guardian of the above named players, I hereby give consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

X _____
Signature Date

NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT!!!

Office Use Only:	
Payment Amount: \$	_____
Method of Payment:	
Cash	Check # _____
Credit Card:	Batch# _____
	Inv# _____
Date Rcvd	_____ Rcvd by _____