



FALL 2017 Registration

The Boys & Girls Club of Ada Youth Soccer Club

915 South Hickory

(580)332-3717

www.bgcada.com

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

U9- 1/1/09 to 12/31/09

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: _____

Jersey Size: Youth Small / Youth Medium / Youth Large / Adult S / Adult M / Adult L / Adult XL

(Uniforms are ordered once per year in the fall and are worn for both the fall & spring seasons)

Player Registration Fees – \$70.00 Fall 2017 (must be received by 8/14/17)

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. This year coaches will receive half off 1 tuition for their child as well as a coaching packet that includes a free coaching jersey!

****Cancellation Policy - A cancellation request must be made by letter, fax or e-mail. Refund requests must be received no later than 08/16/17 for a full refund. Requests received after 08/16/17 will receive a refund minus a \$30.00 cancellation fee. Requests received after 9/1/2017 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!!!