

Blytheville Soccer Player Registration

Please Print Neatly

Player's Information

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PLAYER'S NAME _____ Date of Birth _____

Main Contact Number _____ Text Message? Yes / No

School _____ Years Played _____ Gender: Male Female

List any medical problems player may have _____

Person to notify in an emergency _____ Phone # _____ Text Message? Yes / No

Jersey Size

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

**Note: Any change in shirt size will be at the player's expense. We urge you to try them on!!!
(Jersey must be worn over all other clothing).**

Field Position - Self-Ranking

(1-weak, 5-strong)

Goal Keeper 1 2 3 4 5 Defender 1 2 3 4 5 Midfielder 1 2 3 4 5 Forward 1 2 3 4 5

List other siblings playing (name & age) _____

**Please note: Requests are NOT being accepted due to repeated abuse and unbalanced teams.
Thanks for your understanding!**

Parent Information

Mother's Name _____ Main Contact # _____ Text Message? Yes / No

Father's Name _____ Main Contact # _____ Text Message? Yes / No

Are you interested in joining the Blytheville Soccer Board? Yes No

Are you interested in being a referee for Blytheville Soccer? Yes No

Are you interested in being your child's coach? Yes No

RELEASE STATEMENT

I, the parent/guardian of the registrant (if a minor) or the registrant (if an adult), recognizing the possibility of physical injury associated with soccer and in consideration for the Blytheville Area Soccer Association (BASA) accepting the registrant for its soccer programs and activities (the "programs"); hereby release, discharge, and/or otherwise indemnify BASA, its officers, its members, and their 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. In case of emergency (illness or injury), I hereby authorize the registrant (if a minor) to be treated & transported by Emergency Medical Personnel (i.e. Emergency Medical Responder, EMT, Paramedic, Ambulance Staff, ER Staff), until such time as I may be contacted, with this release effective for the duration of the registrant's participation in the programs and not to exceed one year from the date below. I also assume responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

CONDUCT STATEMENT

In order to maintain a quality, wholesome, and family atmosphere; I do commit the registrant and myself to behave in a respectable manner towards referees, coaches, board members, players, and other spectators. I agree to abide by the rules established by BASA. I understand that if I do exhibit verbally or physically abusive, disrespectful, or uncooperative behavior, or other conduct that is deemed inappropriate; I may be asked to leave the soccer fields for the remainder of the season or indefinitely.

My signature below indicates that I fully understand these statements and have received a copy of this Conduct Statement.

Parent/Legal Guardian/Registrant (if an adult)

Signature _____ Date _____