

Have you ever played for BPAR? YES _____ NO _____

COACH REQUEST: _____

YOUTH SPRING SOCCER

Bossier Parks & Recreation

P.O. Box 5337, Bossier City, LA. 71171 (318) 741-8450

Registration Fee \$45.00: Registration Ends Wednesday, February 20, 2019

BPAR MUST HAVE A COPY OF CHILD'S BIRTH CERTIFICATE ON FILE

Player's Legal Name _____

School _____

Grade _____

Player's Birth Date _____

() Boy () Girl

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian

E-mail Address: _____

Name: _____ Contact Numbers: _____

Name: _____ Contact Numbers: _____

Child resides with: Mother: _____ Father: _____ Both: _____ Other: _____

INSTRUCTIONAL COED LEAGUE: () 3-4 year olds () 5-6 year olds

BOYS LEAGUE () 7-8 year olds () 9-10 year olds () 11-12 year olds () 13-14 year olds

GIRLS LEAGUE () 7-8 year olds () 9-10 year olds () 11-12 year olds () 13-14 year olds

Shirt Sizes

YOUTH

() Small (6-8)

() Medium (10-12)

() Large (14-16)

ADULT

() Small

() Medium

() Large

() X-Large

() XX Large

I do hereby certify that all information on this form is correct and that Bossier City Parks and Recreation (BPAR) and its paid and volunteer workers will not be held responsible for any injury to the registered player while participating in the recreation program at any facilities scheduled for use by BPAR or during transportation to and from said facilities. Registrants are responsible for arranging their own transportation to all activities and assume all liabilities related to said transportation. I further understand that BPAR does not provide health insurance coverage for accidents or injuries that occur as a result of participation in BPAR activities. All persons participating in BPAR sponsored activities agree to conduct themselves according to BPAR standards of behavior and to abide by disciplinary actions imposed by BPAR. This release is valid for all programs until revoked in writing.

Parent/Guardian is responsible for transportation to and from practices and games.

Parent or Guardian's Signature

Date

OFFICE USE ONLY					
Grant _____	Cash \$ _____	Check # _____	Money Order # _____	Credit Card _____	
Receipt # _____	Amount \$ _____	Received By: _____	Date: _____	Birth Certificate _____	
Age as of September 30, 2018 _____					

