

COACH REQUEST: _____

YOUTH FALL SOCCER

Bossier Parks & Recreation

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

Registration Fee \$45.00: Registration Ends Saturday, August 14, 2010

Additional Late Registration Fee: \$25.00

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

Player's Legal Name _____ Nickname: _____

School _____ Grade _____ () Boy () Girl

Player's Birth date _____ **Age as of April 30, 2010** _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ E-mail Address: _____

Father's Name _____ Cell Phone: _____

Mother's Name _____ Cell Phone: _____

INSTRUCTIONAL MIXED LEAGUE: () 4 year olds () 5-6 year olds () 7-8 year olds

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

GIRLS LEAGUE: () 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

Amount Paid \$ _____ Cash \$ _____ Check # _____ Money Order # _____ Credit Card _____

Receipt # _____ Grant _____ Received By _____ Date _____ BC _____