



BUSC SACQA Player Registration Form

NOTE: All PLAYERS MUST be a Registered Player with Ballistic United.

Program (Check One)

- Speed & Agility Class: U9-U19** **Power Academy: U15-U19**

Cost: \$100 per 8-week session
 Sessions 1-2 run July/August
 Sessions 3-4 run Sept/Oct

Cost: \$100/training
 Cost divided by # of participants
 Program is July/August AM ONLY

(Circle One)	Mon	Fri	Mon	Fri	(Circle One)			
Session	1	2	3	4	# of Trainings/Wk	1	2	3

Age Group _____ Other Group Members (1-4) _____

Player's Name _____

E-Mail _____

Phone No. Home: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Any Medical Conditions _____

In the case of an injury, I authorize the staff to render first aid and/or to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

I, the parent/guardian of the above named child, approve of his participation in any and all activities of the Ballistic United Soccer Club ("BUSC") during the current season. In consideration of the above named child's participation in BUSC activities, I voluntarily release and agree to indemnify and hold harmless BUSC, California Youth Soccer Association (CYSA), U.S. Youth Soccer (USYS) and each of their respective directors, officers, employees, agents or representatives as well as the Pleasanton Recreational Department and the owners and operators of the facilities used during the season from any claims, damages, liability or causes of action for injuries or death, or property damage, arising out of or in any way connected with the above named child's participation in soccer practice, soccer games, and/or BUSC related events including, but, not limited to, transportation to and from these activities. I further grant BUSC, CYSA and USYS the right to use the child's name, picture or likeness in any print or electronic media.

Parent/Guardian Signature: _____ Date _____

Please mail registration forms and payment to BUSC at the address below. Sign up at the first session is also available.

BUSC SACQA Program, PO Box 523, Pleasanton, CA 94566