

<b>Player Information: Please PRINT Clearly</b>			
<b>Name:</b>			
Last	First	Initial	
<b>Address:</b>			
City:		Zip code	

**BALLISTIC UNITED  
SOCCER CLUB**



**Mail In Registration Form  
2010-2011**

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<b>Division 1,3 or 4 - BUSC Returning Player</b> <input type="checkbox"/>					<b>Division 5 - TOP Soccer</b> <input type="checkbox"/>				
<b>PLAYERS HOME PHONE:</b>					<b># Years Played:</b>				
<b>DATE OF BIRTH:</b> /      /									
<b>Parent / Guardian Information</b>									
<b>Father:</b>									
Last	First	Home Phone	Day Phone	Pager/Cell Phone					
<b>Mother:</b>									
Last	First	Home Phone	Day Phone:	Pager/Cell Phone					
<b>MOTHERS DATE OF BIRTH: Month ___/Day ___/No -Year needed</b>									
<b>E-MAIL ADDRESS:</b> _____ @ _____									
<b>Please PRINT clearly</b>									
<b>ARE YOU WILLING TO COACH?</b> Yes <input type="checkbox"/>			<b>WILL YOU CO-COACH?</b> Yes <input type="checkbox"/>			<b>Neighborhood Elementary School:</b>			

<b>Please circle age group Box!</b>		<b>CYSA 2010 Age Groups</b>											
Age Grp	Year of Birth	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
	1991								U-19	U-19	U-19	U-19	U-19
<u>U-19</u>	1992	U-19	U-19	U-19	U-19	U-19	U-19	U-19	U-18	U-18	U-18	U-18	U-18
	1993	U-18	U-18	U-18	U-18	U-18	U-18	U-18	U-17	U-17	U-17	U-17	U-17
	1994	U-17	U-17	U-17	U-17	U-17	U-17	U-17	U-16	U-16	U-16	U-16	U-16
<u>U-16</u>	1995	U-16	U-16	U-16	U-16	U-16	U-16	U-16	U-15	U-15	U-15	U-15	U-15
	1996	U-15	U-15	U-15	U-15	U-15	U-15	U-15	U-14	U-14	U-14	U-14	U-14
<u>U-14</u>	1997	U-14	U-14	U-14	U-14	U-14	U-14	U-14	U-13	U-13	U-13	U-13	U-13
	1998	U-13	U-13	U-13	U-13	U-13	U-13	U-13	U-12	U-12	U-12	U-12	U-12
<u>U-12</u>	1999	U-12	U-12	U-12	U-12	U-12	U-12	U-12	U-11	U-11	U-11	U-11	U-11
	2000	U-11	U-11	U-11	U-11	U-11	U-11	U-11	U-10	U-10	U-10	U-10	U-10
<u>U-10</u>	2001	U-10	U-10	U-10	U-10	U-10	U-10	U-10	U-9	U-9	U-9	U-9	U-9
<u>U-9</u>	2002	U-9	U-9	U-9	U-9	U-9	U-9	U-9	U-8	U-8	U-8	U-8	U-8
<u>U-8</u>	2003	U-8	U-8	U-8	U-8	U-8	U-8	U-8	U-7	U-7	U-7	U-7	U-7
<u>U-7</u>	2004	U-7	U-7	U-7	U-7	U-7	U-7	U-7	U-6	U-6	U-6	U-6	U-6
<u>U-6</u>	2005	U-6	U-6	U-6	U-6	U-6	U-6	U-6	U-5	U-5	U-5	U-5	U-5
	2006	U-5	U-5	U-5	U-5	U-5	U-5	U-5					



## Parent / Guardian Authorizations

<b>Authorization for Emergency Treatment:</b>		
In the event of an injury or sickness in the course of Ballistic United Soccer Club games or activities, I authorize officials of Ballistic United Soccer Club to administer first aid and if necessary transport my son to a duly licensed physician or hospital to administer emergency treatment. If possible, I would prefer the following physician to be called:		
<b>Physician:</b>	<b>Phone:</b>	
<b>Know Players Medical Conditions:</b>		
<b>EMERGENCY CONTACT</b>		
<b>Name:</b>	<b>Phone:</b>	
<b>Parent / Guardian Signature X:</b>		<b>Date / /2010</b>

<b>Parent / Guardian Approval / Release</b>		
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.		
<b>Parent / Guardian Signature X:</b>		<b>Date / / 2010</b>

<b>**Volunteer Fee \$50: Required for U8 – U19</b>		
Parents will be reimbursed the deposit of \$50 after completion, with verification of 4 hours of volunteer work for BUSC. Please obtain and read a Volunteer Program Policy Statement and Sign-Up form on the Registration Page at BUSC.org. <b>Mail in the Sign-Up Form to BUSC, PO Box 523, Pleasanton, CA. 94566.</b> To be eligible for the return of your Volunteer fees, a <u>Volunteer Sign up form</u> <b>must be received by BUSC</b> within 14 days of your players online registration date. <b>NOTE: NO 2010 Volunteer Fee's will be reimbursed after December 31, 2010</b>		
<b>Registration fee refunds are prorated based on withdrawal date and issued per BUSC PIM # 97-1-05</b>		
The BUSC Constitution, By-Laws, PIM's, Team Rules, and Board Meeting minutes, are available on-line at <a href="http://www.BUSC.org">http://www.BUSC.org</a>		

<b>Official Use Only:</b>	<b>Official Use Only:</b>	<b>Official Use Only:</b>
<b>Player – Registration Fees:</b> U5 – U7..... \$160 U8 – U9 ..... \$210 * U10 – U19 ..... \$220 * Top Soccer ..... \$ 50 * Includes Volunteer Fee of \$50		<b>Total Paid= \$ _____</b>
New Player Birth Cert <input type="checkbox"/>		
Check #	Date: / / 2010	Received by: