BUSC Winter Academy Registration

Application - Please PRINT Clearly

PLAYER INFORMATION

Name: _____
Last First

Address: _____

Player's Home Phone: _____

Date of Birth: _____

Club: _____

Level of Play: (please circle one) Division 1 Division 3 Division 4

Age Group: (please circle one) U6 U7 U8 U9 U10 U11 U12

PARENT/GUARDIAN INFORMATION

Father: _____
Last First

Home Phone: _____ Cell: _____

E-Mail Address: _____

Mother: _____
Last First

Home Phone: _____ Cell: _____

E-Mail Address: _____

Player T Shirt Size: (please circle one) youth: S M L adult: S M L XL

PAYMENT I have signed up for the Winter Skills Academy ► **$75 per player**

Checks payable to: BUSC Winter Skills Academy

Mail check and registration form to: BUSC • PO Box 523, Pleasanton, CA 94566

PARENT/GUARDIAN MEDICAL AUTHORIZATION

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:

Physician: _____ Phone: _____ Medical Record number: _____

Know Players Medical Conditions: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Parent / Guardian Signature X: _____ Date: _____

PARENT/GUARDIAN APPROVAL RELEASE

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 od 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 X: _____ Date: _____