



Bolivar Community Sports Association

P.O. Box 315 Bolivar MO 65613
www.bolivarcommunitysports.weebly.com
417-777-BALL (2255) bolivarcommunitysports@gmail.com

Soccer Registration Form

Registration is due by: **February 28, 2017**

League GAMES begin March 20, 2017

Late registrations will incur an additional fee of \$10 per form

Please Mail Forms to above PO BOX or EMAIL to : bolivarcommunitysports@gmail.com

Participant Name: _____ 2016/'17 grade: _____ Age: _____
Birthdate: _____ Male or Female Shirt Size: YXS YS YM YL AS AM AL AXL 2X
Parent/Guardian: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Emergency Contact Name/Phone/Relationship: _____

Fees: \$35 for the first child, \$30 for each additional child (shirts are included)

REQUESTED COACH: _____

Clinic/ Camp date: Practice begins between 3/5/17-3/12/17
Coach will contact you ASAP

Are you interested in volunteering to coach? (Youth registrations only): Yes No
(If interested, you will need to complete an Application and a background check)

The BCSA Board will make all final coaching decisions.
We are in GREAT need of coaches. If interested, clinic is available.

I understand and am aware that by participating in physical activities, the potential for accidents does exist.
In consideration for being allowed to participate in the Bolivar Community Sports Association (BCSA) program(s), and further agree to defend and hold harmless BCSA, its staff members and volunteers conducting the program(s) from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the BCSA program(s). I also understand that BCSA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family. By signing this form electronically you are agreeing to the above waiver.
I agree to assume the risk of such exercise

Signature: _____ Date: _____

Payment Made: Online Check# Cash Other Please mark one

Please make all checks payable to: Bolivar Community Sports Association