



USYSA-BSC MEMBERSHIP FORM

Branford Soccer Club
P.O. Box 757
Branford, CT 06405

Official Use Only

U-__

PLEASE NOTE: New registrants are required to submit a copy of their birth certificate with this form.

Last Name _____ First Name _____ Initial _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____
Month _____ Day _____ Year _____
Birthdate _____ Male - M _____ Female - F _____
Player - P _____ Coach - C _____
Coach's License Level _____

Father's Name _____ Occupation _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problems or prohibition player has _____

Person to notify in an emergency _____ Telephone _____

Doctor to notify in an emergency _____ Telephone _____

Has player ever registered with Branford Soccer Club before? **Yes No*** Date of last season played: _____
please circle one

***IF NO, PLEASE PROVIDE A PHOTOCOPY OF THE PLAYER'S BIRTH CERTIFICATE ALONG WITH THIS REGISTRATION FORM
U-12 AND U-14 TRAVEL PLAYERS MUST ALSO SUBMIT A 1X1 PHOTO**

****We apologize for making you fill out information both online and on this form, but for now rules require it. - BSC**

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYS accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

☆☆☆ Parental Support ☆☆☆

The Branford Soccer Club needs parent involvement! Please help by volunteering for one of the following positions. Please check which area you would be willing to help with:

- Coach
- Assistant Coach
- Tournaments
- Fields
- Concessions
- Publicity
- Fund Raising
- Equipment

Parent or Legal Guardian (please print)

Signature of Parent/Legal Guardian

Date Signed

Email Address

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Season	Check Number	Amount	Rec'd by	Date
<input type="checkbox"/> Fall	_____	_____	_____	_____
<input type="checkbox"/> Winter I	_____	_____	_____	_____
<input type="checkbox"/> Winter II	_____	_____	_____	_____
<input type="checkbox"/> Spring	_____	_____	_____	_____