

Bigfork Bandits

Fall Recreational Soccer

It's time for Bigfork Bandits fall recreation soccer. If you are new to the Bandits this fall WELCOME! If you are a returning Bandit, then get ready for another great season of soccer. Please read through the following guidelines as they pertain to our fall program.

Registration:

Please fill in all fields and information on the registration form and note that the e-mail field is important!

Please complete one form per player!

Children who are currently in grades kindergarten through eighth grade are eligible to participate. Registration starts in May and runs through Aug 6th, 2010. **It is important that you get your registrations in on time. Our registration deadlines are based on game scheduling dates and state registration.** All Payments must accompany registration forms to be added to a team. Registration received after Aug 6th, 2010 will be added to a waiting list and placed on a team if possible. Late Fees for registration are strictly enforced. Scholarship information is available; please submit all requests in writing to Bigfork Bandits Board of Directors.

Our playing season runs from September thru October. Your coaches will contact you as soon as your team is formed.

Kindergarten games are played at Carlisle Johnson field in Bigfork. Practice and game play are combined. This is a great opportunity for your kindergartner!

Grades first through eighth play weekend games. Games are played at Kids Sport complex in Kalispell or Carlisle Johnson field in Bigfork. Practices are scheduled during the week at coach discretion.

Equipment Needed:

All players must have a Bigfork Bandits t-shirt to play. They are \$15.00 and come in a variety of sizes. You may place your order on the registration form. If you have played for the bandits before your t-shirt can be worn this season as well. Soccer cleats and shin guards are also required, they can be found at a variety of stores in the Kalispell area. Soccer balls are not required but are recommended for practice and prior to games. Please have your child bring a marked water bottle to all games and practices. We also ask that all children bring/wear weather appropriate clothing, as the weather does vary here in the fall. Your team coaches may have other requirements, not listed here, so please check with them for other equipment needs.

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Volunteers:

Our soccer program depends entirely upon volunteer participation. We appreciate your participation in any or all of the following positions; head coach or assistant, team parent, fund raising, concessions, referees, field prep and board member (our soccer board meets the 1st Wednesday of every month at 6 p.m. in the Swan River School cafeteria). Thanks in advance for your help!

Refund Policy:

Our refund policy is as follows; a full refund will be offered up to the registration deadline of Aug 6th, 2010. Any requests for refunds after the deadline will be subject to a 25% cancellation fee. Refunds will not be issued after season play begins.

Questions:

If you have any questions regarding our soccer program, please visit us on the web at www.bigforkbandits.com or call 406.837.3905. Please check out our new website for updates and information at www.bigforkbandits.com.

Thanks for your support and we'll see you this fall!

Bigfork Bandits
P.O. Box 514
Bigfork, MT 59911
406.837.3905
www.bigforkbandits.com
info@bigforkbandits.com

BIGFORK BANDITS

MYSA 2010 Fall Recreational Soccer Registration



Players Name: Last _____ First Name _____

Address _____ City _____ Zip _____

Phone _____ Email address (required) _____

Date of Birth _____ Gender M ___ F ___

School _____ Grade 2010-11 school year: K 1st - 2nd 3rd - 4th 5th - 6th 7th - 8th (circle one)

Father's Last Name _____ First _____ work # _____ cell # _____

Mother's Last Name _____ First _____ work # _____ cell # _____

Emergency contact _____ Phone _____

List any medical problems _____

Doctor to notify in an emergency _____ Phone _____

My child has played soccer for _____ year(s) on Team _____

Parental Support:

Bigfork Bandits **requires** active parent participation during our program. **Circle the area in which you will participate.**

Coach/Asst. ~ Team Parent ~ Board Member ~ Fund Raising ~ Concession ~ Referee ~ Field Prep. ~ Parking ~ High School Games

PLAYER: I understand participation includes various hours of practice and recreational play. I also understand my coach or association officials may make requests regarding my behavior and my time as a player. I understand I am expected to be a good citizen, at school, in the community, and on the field. MYSA's focus is on the development of recreational soccer players in a fun and safe environment for all members (players, coaches, parents, and referees). MYSA reserves the right to suspend me if my behavior is disruptive, threatening or destructive.

PLAYER SIGNATURE _____ **Date** _____

PARENTS: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA accepting the registrant for soccer programs and activities. I hereby release, discharge and /or otherwise indemnify the MYSA, its affiliated organizations and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transferred to and from the same, which transportation I hereby authorized and give 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 the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of my dependent. I have read the "player agreement" my child has signed above and agree to abide by the same principles at practices and games. I understand the recreational nature of the association and recognize my responsibility to be a supportive parent of my child and the league. I agree to respect the referee and understand that I may receive a two game suspension

if I don't. By signing this waiver I give Bigfork Bandits permission to use my child's picture and name in any news articles or Bigfork Bandits website pictures or postings.

PARENT SIGNATURE _____ **Date** _____

Payment must accompany registration form to be added to a team. Registration received after 8/6/09 will be on a waiting list and placed on a team if possible. Late Fees for registration are strictly enforced.

Make check or money orders payable to:

Bigfork Bandits
P.O. Box 514
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406-837-3905
www.bigforkbandits.com
info@bigforkbandits.com

Registration Fees \$ **70.00** (must be postmarked by 8/6/09)
Bandits T-shirt \$ **15.00** Youth: S M L Adult: S M L
(required for game play - circle one)
Late Fee \$ **35.00**
Donation \$ _____

Amount enclosed _____ **CK#** _____ **Cash** _____

Bigfork Bandits is a 501C3 NON PROFIT Organization

Received by _____