

BIGFORK BANDITS
2011 Summer Camp and Fall Recreational Soccer Registration



Players Name: Last _____ First Name _____
 Address _____ City _____ Zip _____
 Home Phone _____ Email address (required) _____
 Date of Birth _____ Gender M ___ F ___
 School _____ If Home School – Specify the School in Area _____
 Please Circle the Appropriate Grade Level for the 2011/2012 School Year: K 1st/2nd 3rd/4th 5th/6th 7th/8th
 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 _____
 I am registering for: Fall Soccer Only ___ Camp Only ___ Both Fall Soccer and Camp ___

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

Coach/Asst. Team Parent Web Manager Fund Raising Concessions Referee Field Prep.

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 7-15-11 will be on a waiting list and placed on a team if possible.](#) [Late Fees for registration are strictly enforced.](#)

<u>Make checks payable and mail to:</u> Bigfork Bandits P.O. Box 514 Bigfork, MT 59911 406.250.1821	Fall Registration	\$70.00 (must be postmarked by 7/15/11)
	Summer Camp Registration	\$85.00 (must be postmarked by 7/15/11)
	Discount for Camp and Fall Season	\$20.00
	Bandits Uniform	\$15.00 <u>Youth</u> S M L <u>Adult</u> S M L
	Late Fee	\$35.00
	Donation	\$ _____
	Total Amount Enclosed	\$ _____