



Byron-Bergen Sting Soccer Club

BB Sting Soccer
PO Box 148
South Byron, NY 14557

2011 Registration

Player Information: (Please Print Clearly)						Team (Club use)
Player's Name: (Same as Birth Certificate)						
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:			
			(Attach Birth Certificate—if first time player)			
Address:			Town:		Zip Code:	
Phone Number:			Cell (Mother)			
			Phone:(Father)			
Father's Name:			Mother's Name:			
e-mail (Mother)						
address: (Father)						
A fee of \$25 is required with the registration form. If the player does not make the final roster of the team, the \$25 will be refunded. When the player is put on the roster the \$25 will be applied towards the season fee. There are no refunds after rosters are final. Registration forms will not be accepted without the \$25 fee. Make checks payable to Byron-Bergen Soccer Club. All households are required to contribute, at least, 3 hours volunteer time to the club. Failure to do so will result in an additional \$50 fee. All volunteer time must be completed by April 1, 2010—unless arrangements have been made with team manager.						Check # <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Medical/Health:						
Medical Insurance Company		Policy Number		Group Number		
Physician's Name				Telephone		
Hospital Name				Telephone		
Any known medical conditions, allergies, or medications we should be aware of (use add'l sheet if necessary):						
In case of an emergency and the Parent(s)/Guardian(s) cannot be reached, contact the following person):						
Name			Telephone			
Waiver:						
I/We give permission for any medical attention necessary to be administered to my/our child by a licensed Medical Professional in the event of an accident or injury until I/we can be contacted. This release is effective for the 2010 –2011 playing season. I/we will assume responsibility for payment of such treatments. I/we do further release, indemnify, and hold harmless the US Youth Soccer Assoc., NYSW Youth Soccer Assoc., Rochester District Youth Soccer Assoc., Byron-Bergen Sting Soccer Club, Gillam-Grant Community Center, Byron-Bergen School District, Town of Bergen, instructors, coaches, and any/all persons associated with the Byron-Bergen Sting Soccer Club. The primary forum for communication will be via e-mail and the club website (www.bbstingsoccer.com) It is the parent's and players responsibility to provide the club and their team coach with a valid e-mail address and check the website regularly.						
Payment:						
Payment will be accepted in the following ways: check, money order or credit card. No cash payments. All payments must be either mailed to the club address at the top of this form or dropped off at the Gillam-Grant Center. All players must be paid in full by 1/28/2011						
Credit Card Information: MC <input type="checkbox"/> Visa <input type="checkbox"/> Expiration Date _____ Amount \$ _____						
Card Number _____ CCV (3 digit Security Code) _____						
Parent or Guardian's Signature					Date	
Player's Signature					Date	