

**BSC TOPSoccer APPLICATION/REGISTRATION FORM (#1)**

PLEASE PRINT

SPRING: \_\_\_\_\_ or FALL: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_\_

NAME: \_\_\_\_\_

Player's School: \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_

Player's DATE OF BIRTH: \_\_\_\_\_

\*Mother's Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\*This is required to be registered with the State Soccer Association. Mother's DOB will now be used in place of players SS# that was used prior to the Fall of 2009.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S NAME (LEGAL GUARDIANS) \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

All correspondence will be made via e-mail. It is important that you include the e-mail address you use most frequently.

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

WORK (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ Relationship to Player \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY# \_\_\_\_\_

Family doctor to contact in case of emergency: \_\_\_\_\_ Ph# \_\_\_\_\_

**PARENT OR GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY** - To induce the BELLEVUE SOCCER CLUB Inc. to accept registration and permit participation in the BSC by the above named individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold blameless BSC and its officials, coaches, assistant coaches or parent of team member acting in the capacity of activity supervisor/vehicle drivers from any claim arising out of injury to the above named individual.

**STATE OF NEBRASKA LIABILITY WAIVER** - Coaches, managers, umpires, referees, their assistants, or anyone who prepares any playing field shall NOT be liable for injury or death of any participant in the Bellevue Soccer Club activities which result from the negligence of any of the above named individuals.

**PARENT OR GUARDIAN DISCLAIMER** - We/I the parents of (please print name) \_\_\_\_\_ hold harmless BSC, its officials, coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs. We/I agree that the name and picture(s) of said minor may be used in print and video releases to news media of club related items.

**LEGAL AUTHORIZATION AND CONSENT FOR ALL ABOVE ITEMS:**

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

**HEALTH INFORMATION/DIAGNOSIS (CIRCLE THOSE APPROPRIATE)**

Down Syndrome ,Atlanto-axial Instability, Diabetes, Heart Problems, Seizure Disorder, Visually Impaired, Hearing Impaired ,Fainting Spells ,Non-Verbal- signs, Hepatitis, Bleeding Problems ,Mobility Impairment, Asthma, Emotional Problems ,Learning Disabilities Allergies, High Blood Pressure, Low Blood Pressure, Other \_\_\_\_\_

**OTHERS:** please list any information that the coaching staff needs to know about your child, attach another sheet to this form if you need more room.

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**LIST AIDS USED:** (such as a wheelchair, hearing aid, glasses etc. please list any information that the coaching staff needs to know about your child, attach another sheet to this form if you need more room.

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**LIST ALLERGIES:**

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**MEDICATIONS:**

**NAME, DOSEAGE, TIME GIVEN, SIDE EFFECTS**

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**IMMUNIZATIONS: DATE OF LAST SHOT:**

**TEATNUS** \_\_\_\_\_ **POLIO** \_\_\_\_\_ **HEPATITIS B** \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as agents for the undersigned to consent to Medical, Surgical or Dental Examination or Treatment in the case of emergency. I/We hereby authorize emergency treatment and/or care of: (PLEASE PRINT NAME OF PLAYER) \_\_\_\_\_ at ANY hospital. (IF OTHER PLEASE STATE)

**SIGNED** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(PARENT OR GUARDIAN)