

# BRENTWOOD YOUTH SOCCER CLUB, INC.

## INTRAMURAL PROGRAM

### OPEN REGISTRATION FOR THE SPRING 2012

<b>Intramural (In House Program For Players of 4 years old to 9 yrs old)</b>					
<b>Last Name:</b>		<b>First Name:</b>		<b>Birth Date:</b>	
<b>Address:</b>			<b>City:</b>		<b>State:</b>
<b>Male:</b> <input type="checkbox"/>	<b>Female:</b> <input type="checkbox"/>	<b>Telephone:</b> (Area code + number)		<b>Other Number:</b> (Area code + number)	
<b>Father's Name:</b>			<b>Mother's Name:</b>		
<b>EMAIL ADDRESS:</b>					
<b>In Case of an emergency, please call:</b>				<b>Telephone:</b> (Area code + number)	
<b>Have You Played in Brentwood Before?</b>			<b>When?</b>		
<b>What Is Your School Name:</b>			<b>What Grade Will You Be In September?</b>		
<b>List all known allergies or other pertinent medical information:</b>					
<p>Recognizing the possibility of physical injury associated with soccer and in consideration for Brentwood Youth Soccer Club and its affiliates accepting the registration for its soccer program, I hereby release, discharge and/or otherwise indemnify BYSC, its affiliated organizations and sponsors, their volunteers, including the owners of the fields and facilities utilized by the program, against any claim by or on behalf of the registrant's participation in the Soccer Program. My child has received physical examination by his/her physician and has been found physically capable of participating in the program. Therefore, I grant permission to my child named above to participate in the Brentwood Youth Soccer Club Program. <b>I certify that I am responsible for the accuracy of all information that I submit to the coach or as a coach and to the club and I understand that I may be liable for any false statement made by me. I will abide by all rules and guidelines set by League, State Association and the Brentwood Soccer Club. Failure to comply will result in my cancellation of membership</b></p>					
<b>Parent/Guardian Signature</b>				<b>Date</b>	
<b>Brentwood Youth Soccer Club runs its program with the help of all of us volunteering our time. We ask for all parents' participation in the following areas: (MUST PICK AT LEAST ONE)</b>					
Coach <input type="checkbox"/>		Fund Raising <input type="checkbox"/>		Referee <input type="checkbox"/>	
Assistant Coach <input type="checkbox"/>		Registration <input type="checkbox"/>		Game Supervisor <input type="checkbox"/>	
				Team Parent <input type="checkbox"/>	
				Field Supervisor <input type="checkbox"/>	
<b>FOR OFFICE USE ONLY</b>					
<b>Uniform Size (New Players only)</b>	<b>YM</b>	<b>YL</b>	<b>AS</b>	<b>AM</b>	<b>AL</b>
<b>Placed with Age Group Under</b> _____		<b>Intramural</b> <input type="checkbox"/>		<b>Inter-League</b> <input type="checkbox"/>	

**Please Cut Here to Provide Receipt-NO REFUND**

<b>Amount Received:</b>		<b>Received by:</b>		<b>Date Received:</b>	
Paid by Cash <input type="checkbox"/>		Check <input type="checkbox"/>		Check No. _____	
From: Parents name		For: Child's name			
				Money Order <input type="checkbox"/>	

**P.O. BOX 846 - BRENTWOOD NEW YORK 11717**  
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