



Buffalo Soccer Club
 403 Main Street, Suite #200, Buffalo, New York 14203
 (716) 408-8738
 calvert@algonquinsports.org (email)
 www.BuffaloSoccerClub.org (website)

My child has been registered with BSC before.

Enter Name, DOB, and Phone again please!

General Application

(Please print legibly and fill in every blank)

Player's Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip Code: _____

Phone: _____ Alternate Phone _____ : Sex (circle one): Male / Female

Birthday (m/d/y): _____ School: _____ Grade Fall '10: _____

E-Mail (please provide, all info communicated directly to you): _____

Father's First Name: _____ Last Name (if different): _____

Address (if different): _____ Phone (if different): _____

Mother's First Name: _____ Last Name (if different): _____

Address (if different): _____ Phone (if different): _____

Emergency Contact (not parent): _____ Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Special Medical Conditions: _____

Program (all that apply):

Street Clinic _____ House League _____ Club Team _____ Other _____

Explain Other: _____

Most of Buffalo Soccer Club's programs are fee based. This means we do require some sort of financial commitment to participate. Each event is priced at the lowest possible amount to cover all of our costs associated with running that specific event. Those who can not contribute the full amount will be given financial assistance. This assistance is tracked in our database. Those receiving financial assistance will be asked to compensate for this help by volunteering if possible when the program requires it.

Volunteering

Your child needs your help. BSC wants to create a club of parent volunteers. Without the help of parents Buffalo Soccer Club will not exist. BSC will train anyone willing and able to participate in the program as a volunteer coach and/or team manager. The commitment is very little, the reward is gigantic!

Please indicate at least one area in which one or both parents/guardians will assist and participate (write in name). If volunteering for Coach or Assistant Coach, unless other age division indicated, it would be with your child's particular team.

Coach _____ Assistant Coach _____ Team Manager _____

Day of Volunteer _____ Field Marshall _____ Snack Parent _____

PARENT (OR GUARDIAN) CONSENT: My child has permission to play in the Buffalo Soccer Club (BSC). I realize that in soccer as in any youth team sport there is some risk of physical injury. I hereby give my permission for the adult in charge of any practice, game, or BSC event to secure emergency medical services in the event my child is injured and I am not present. I, personally and on behalf of my child, agree to hold harmless and indemnify BSC, its officers, coaches, members, affiliated program providers, program organizers, and volunteers for and against any and all claims of any nature whatsoever arising from my child's participation at any practice, game, or BSC sponsored event. I understand that soccer is a physical contact sport requiring substantial endurance and a considerable amount of running. I understand that it is my responsibility, in consultation with my child's physician, to ascertain that my child is fit to participate in BSC activities and I agree that I will not permit my child to participate in the event (s)he is not fit to participate. I will require my child to follow all safety guidelines. I realize that the purpose of the Buffalo Soccer Club is for fun, instruction, and positive character development. I will be an encouragement, not a critic, toward my child, the other children, the coaches and the referees. I will show and encourage good sportsmanship. I understand that BSC is a PARENT-VOLUNTEER run organization and that I agree to use my best efforts when called upon to volunteer in a reasonable capacity. I hereby grant permission to BSC to use my child's image for presentation, recruitment, marketing and informational purposes that may include placement on the Association's website, brochures, flyers and other publications.

Parent/Guardian Signature: _____ Date: _____

BSC Use Only

Amount Paid: _____ Check No: _____ Balance Due: _____

Uniform Given: _____ Size: _____ Color: _____ Date Given: _____

