

BUFFALO SOCCER CLUB SUMMER SOCCER PROGRAM



Summer Soccer Programs

Who Can Play?

- Boys and girls ages four (4) to fourteen (14)

When Does the Program Take Place?

- Tuesday and Thursday nights for practice and Saturday afternoons for games at the JFK Center
- 6:00pm-7:15pm for 4-8 year olds
- 6:00pm-7:30pm for 9-14 year olds
- May 22-August 4

How Much Does It Cost?

- Registration is available by mail or at the soccer fields at the JFK Center on May 15 and May 17 from 6:00pm-7:00pm
- The program costs \$50 for the 10 week session
 - Includes training, ball, and a full uniform for paid/financial aid participants

Registration information and payments
can be mailed to:
Buffalo Soccer Club
403 Main St., Suite 200
Buffalo, NY 14203
Checks made to: Buffalo Soccer Club

Volunteers Needed...

We are hoping to get some of the parents of our players to get involved with the program where they can. We need the following...

- Volunteer Coaches- Help out the coaches as needed

Want More Information ...

Contact Anna-Lesa Calvert at 408-8738 or via email at calvert@buffalosoccerclub.org

(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 Race (optional- helps for grant purposes): _____

Birthday (m/d/y): _____ School: _____ Grade Fall '11: _____

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

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

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

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

Special Medical Conditions: _____

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: _____