



# Buffalo Soccer Club

403 Main Street, Suite #200, Buffalo, New York 14203

(716) 408-8738

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[www.BuffaloSoccerClub.org](http://www.BuffaloSoccerClub.org) (website)

## Travel Team 2011-2012 Application

(Please print legibly and fill in every blank)

I am trying out for:

U10B \_\_\_\_\_ U10G \_\_\_\_\_ U12G \_\_\_\_\_ U12B \_\_\_\_\_ U13G \_\_\_\_\_

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_ : Sex (circle one): Male / Female

Birthday (m/d/y): \_\_\_\_\_ School: \_\_\_\_\_ Age in August of '11: \_\_\_\_\_

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

Guardian's First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_ Phone (if different): \_\_\_\_\_

Emergency Contact (not parent): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

### 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 \_\_\_\_\_

**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: \_\_\_\_\_

|                      |                 |                    |                   |
|----------------------|-----------------|--------------------|-------------------|
| <b>BSC Use Only</b>  |                 |                    |                   |
| Amount Paid: _____   | Check No: _____ | Balance Due: _____ |                   |
| Uniform Given: _____ | Size: _____     | Color: _____       | Date Given: _____ |

