

Registration form
Fall 2010 Soccer
Grades 3/4 & 5/6



Due 8/13/10

PO Box 36 • Plymouth, NH 03264 • (877) 536 - 0002
 www.pemibakersoccer.com • pemibakersoccer@gmail.com

PLEASE PRINT

Name _____ o Male o Female

Mailing address _____

Town _____ Zip _____

Phone _____ Grade for coming year _____

School _____ Birthdate _____

Number of years playing soccer _____ Interested in travel team o Yes o No

Email address(es) for league announcements _____

Mother's name _____ Father's name _____

Mother's phone _____ Father's phone _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

Medical concerns _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of PBSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the PBSC accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the PBSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result the registrant's participation in the Programs and/or being transported to and from the same, which transportation I hereby authorize. I allow my child's likeness to be used through photograph or videotaping for the purpose of promoting the Pemi Baker Soccer Club in printed materials or on the world wide web. I understand that I will receive no monetary compensation for the rights granted herein. No identifying information will accompany any likeness.

Name (print) _____

Signature _____ Date _____

<p><u>Consent for minor medical treatment (minor)</u></p> <p>As the parent or guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.</p> <p>_____ Signature of parent/guardian</p>	<p><u>Volunteer opportunities</u></p> <p><input type="checkbox"/> Coach <input type="checkbox"/> Ass't Coach</p> <p><input type="checkbox"/> Sponsor <input type="checkbox"/> Organization staff</p> <hr/> <p><u>OFFICIAL USE ONLY</u></p> <p>Total: _____ Rec'd by _____</p> <p>Cash _____ Check, # _____ Date _____</p> <p>Team _____</p>
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Return completed form and \$50 registration fee (one for each child) to:

Pemi Baker Soccer Club • PO Box 36 • Plymouth, NH 03264

Registration Deadline August 13, 2010 *

**LATE registrations are \$60 and positions are not guaranteed for late registrants*