

REGISTRATION FORM (U-4 – U-19)

One block north of Hwy 370 & 42nd St., Bellevue, NE
Phone: 402-291-0886 Email: <u>info@bscneb.org</u>
(Manual registration may take up to 2 weeks to process)
Register online at <u>www.bscneb.org</u>

Office Use Only Fall Spring Age Group:				
Received On:				
Processed On:	By:			

Player I	Information:
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Last Name:	First Name:	Gender: 🔲	И F Date of Birth (mr	m/dd/yyyy):
Address:	City:	State: Zi _l	o:School:_	
Current/Requested Team/C	oach:	Referred I	By: (Player name):	
Primary Parent/Guardian Ir	nformation: R	elationship:		_
Last Name:	First Name:	Date	e of Birth (mm/dd/yyyy)):
Address:	City:	State:	Zip:	_
		Cell Phone:		
		elationship:		
		Date		
		State:		
Home Phone:	Work Phone:	Cell Phone:	Email:	
402-331-1150. Mention program Bellevue Soccer Club is a no Coach Assistant Coa REFUND POLICY: A refund or prior to the start of the first g STATE OF NEBRASKA LIABILIT field shall NOT be liable for in the above named individuals PARENT OR GUARDIAN DISC representatives from any clai based on religious or philoso news media of club related it	n. Uniform must be purchased orting Goods, 84 th & H St., Omaha, in name when ordering in-profit organization and reach Fundraising Conf the registration paid, minus a games of the season. No refur ITY WAIVER: Coaches, manage injury or death of any participal is. CLAIMER: We/I the parents of im arising of injuries or conditional beliefs. We/I agree that tems.	July 16 th Late fee July 16 th Registrat August 31 st Registrat Season start varies by program elies on volunteers. To help kncession Stand Tournam a \$25 administrative fee, will be add will be given after the first grs, referee, their assistants, admit in the Bellevue Soccer Club actions caused or aggravated by outhe name and picture(s) of said	al: \$25 off; 4 th and subsects (\$5) starts for Academy/Club (\$5) starts for Super-Micro/Micro closes for Academy/Club (\$5) starts for Super-Micro/Micro closes for Academy/Club (\$5) starts for Super-Micro/Micro closes for Super-Micro/Micro closes for Super-Micro/Micro closes for Super-Micro for Micro closes for Academy/Club in Close for Micro closes for Academy/Club in Close for Micro closes for Academy/Club in Club in	flicro/Jr. Academy flicro/Jr. Academy ore information s possible please volunteer and Field Maintenance request and only if received no prepares any playing the negligence of any of fficials, coach's, and allable medical treatment
SIGNED:	and agree to the above iter	115.	DATE	
EMERGENCY AUTHORIZATION parents of team members actir Dental Examination or Treatme IN AN EMERGENCY AND WE/I C authorized to act on my/our be	ng in the capacity of activity suent in the case of emergency. at ANY hospital. If othe CANNOT BE REACHED CONTACe half. ss, allergies, or other significan	s of the participant, a minor, do pervisor/vehicle drivers, as age We/I herby authorize emergend r, Please specify	hereby authorize the coant for the undersigned to only treatment and/or care of the property o	consent to Medical, Surgical, of who is hereby
SIGNED		_	ATE	

A copy of the birth certificate is required for all new players. This form, when submitted, becomes the property of the Bellevue Soccer Club. Please mail completed form with payment to: Bellevue Soccer Club, Attn Registrar, P.O. Box 373, Bellevue NE 68005