



2007 Recreation Player Registration
White Bear Soccer Club
P.O. Box 10832, White Bear Lake, MN 55110

Age Level _____
 B/G

Required player information, please fill in all spaces, sign and date. VERIFY ALL INFO AS CORRECT!

I/We have received and reviewed the **PLAYER/ADULT PROTECTION GUIDELINES**. I/We understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization.

Signature X _____
 Parent/Guardian or Player

Today's Date ____/____/____
 Month Day Year

Player Name _____
 First Initial Last

Street _____
 Address

City _____ State _____ ZIP _____

Home Phone _____ Birth Date _____ Sex _____
 Area Code Phone MM/DD/YY M/F

Playing Experience (Years): Summer? _____ Fall? _____ Indoor? _____ Play Up Requested?

Primary position goalkeeper? Secondary position goalkeeper?

Neighborhood friends to play with: _____ Playing Zone _____
 (no guarantees) (School)

Parent Information.

Father's Name _____
 First Last

Father's Phone _____
 Work Phone (Area code Number) Cell Phone (Area code Number)

Mother's Name _____
 First Last

Mother's Phone _____
 Work Phone (Area code Number) Cell Phone (Area code Number)

I am willing to volunteer as: Name(s) _____

Coach Assistant coach Team Manager Team Parent Other _____

Coaching License(s): E D C Other _____

EMAIL Address _____

CLUB USE ONLY

Birth Certificate Verified? Release Signed? Player Protection Signed? Play Up Request Attached?

Fees: Summer U5/6 - \$50 U7/8 - \$55 U9/10 - \$75

*Fall - White Bear Soccer Club does not offer a fall recreation program.
 Fall Recreational soccer is available through White Bear Community Services*

**Remember to
 purchase your
 T-shirts if you
 need them!**



**Minnesota Youth Soccer Association
Emergency Information and Consent Form
White Bear Soccer Club 2007
Summer and Fall Seasons/Tryouts**

(Print all entries except Signatures)

Registrant's Name _____

Parent/Legal Guardian _____

Note: Adults and high school graduate players over age 18 who are not claimed as dependents by their parents may sign this form for themselves.

Parent/Guardian Agreement

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will be able to abide by the rules of the USYSA and MYSA, its affiliated organizations and sponsors. I, the parent/guardian of the registrant, a minor, agree and understand that once this registration form is submitted, and accepted to WBSC, **(1) grant WBSC the right to use and publish pictures containing the registrant, (2) agree to not sue WBSC or any WBSC board member, (3) understand the Player and Adult Protection Guidelines, and (4) that the registrant is to play for WBSC, and no other soccer club for the registered soccer season as per MYSA guidelines.** Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (Please Print) _____

Date _____ Signature **X** _____

EMERGENCY INFORMATION

Who should be notified?	Street Address	Home Phone
Alternate who can be notified?	Street Address	Home Phone
Physician/HMO/Clinic Name	Street Address	Work Phone
Medical Insurer		Medical Policy Number
Dentist Name		Work Phone
Dental Insurer		Dental Policy Number

List any medical problems, limitations, or prohibitions the player may have _____

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of a participant in USYSA/MYSA programs, 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.

Date _____ Signature **X** _____

No jewelry on the playing field!