

U\_\_\_\_  
Circle one:  
Rec Co-ed    Rec Boys    Rec Girls  
Rec Plus Co-ed    Rec Plus Girls  
Travel Co-ed    Travel Girls

# BEN DAVIS SOCCER CLUB

P.O. Box 34311 Indianapolis,  
IN. 46234

## Registration Form

Late Fee (Per Child) \$25



Make check payable to: BDSC  
(Note: \$25.00 fee for any check not honored by bank)

**REC PLUS OR TRAVEL- DO YOU NEED A UNIFORM?:** YES- \_\_\_\_\_ NO- \_\_\_\_\_

UNIFORM NUMBER IF YOU HAVE ONE: \_\_\_\_\_

Uniform Size- Shirt: \_\_\_\_\_ .•Shorts: \_\_\_\_\_ . (YS YM YL AS AM AL AXL AXXL) \*Rec Plus & Travel

### VOLUNTEER NOTE:

**I understand that this club is a volunteer organization and I am expected to volunteer to perform one of the tasks from the Volunteer Job List or pay a \$25.00 by-out volunteer fee. I also understand that the club is a non-profit organization and I commit to perform the following Volunteer Job List Task: Concessions or Coaching**

Primary Choice: \_\_\_\_\_ Secondary Choice: \_\_\_\_\_

First Name: \_\_\_\_\_ . -MI: \_\_\_\_\_ . Last Name: \_\_\_\_\_

\* PLEASE USE NAME THAT APPEARS ON UIRTH CERTIFICATE\*

Date of Birth: \_\_\_\_\_ Gender: M F Home Telephone: (\_\_\_\_) \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Last season played (Eg. Spring 1999) \_\_\_\_\_ Coach of Last Season \_\_\_\_\_

Seasons of Experience (Eg. Spring 1999 is one season) \_\_\_\_\_

*Note:* I.Y.S.A. rules regulate placement of players on teams. Special requests will be considered but not guaranteed.

Does this player have any medical limitations?  
\_\_\_Yes\_\_\_No If yes. Please list details:

Mothers Birth Month/Year (MMYY) \_\_\_\_\_

### Release (Required)

By signing below, I hereby understand and agree: a) to abide by all rules and regulations of the Ben Davis Soccer Club; b) specifically, to promote good sportsmanship and positive attitudes, especially where children are concerned; c) to accept all responsibility for my child(ren), including any accidents or injuries in any way related to soccer or the Club. I understand that I am responsible for maintaining medical insurance for my child and, in event that no parents or guardians can be reached at a time of emergency when immediate medical attention is required in the judgement of any coach, referee, or other responsible person, then this also serves as my consent to take my child(ren) to any hospital or physician.

Signature: \_\_\_\_\_ (Signature required) Date: \_\_\_\_\_

According to BDSC Bylaws, we require 50 people (either by proxy or attendance) at our Annual Meeting of the Members in May. If you are unable to attend the annual meeting, you may sign below and the board may vote your proxy in the best interest of BDSC.

Signature: \_\_\_\_\_ (Signature optional) Date: \_\_\_\_\_

Office Use Only: Paid: \_\_\_\_\_ .Bank: \_\_\_\_\_ .Check # \_\_\_\_\_