

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: _____ PLAYER STATUS: New Return

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 at least one of the following tasks: Concessions Coaching (Head / Asst.)

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 (i.e. Fall 2010) _____ Coach of Last Season _____

Seasons of Experience (i.e. Fall 2010 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 judgment 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: _____ Date: _____

Office Use Only: Paid: _____ .Bank: _____ .Check # _____