



15U Co-ed Fall Travel Soccer 12, 13 & 14 Year Old Boys and Girls

Players age
as of Aug
12th.

Blissfield Recreation Youth Soccer League

Fee \$55.00

Fall 2016 Registration Form

Fall Season

DEADLINE: August 12th

| | | | |
|---|----------------|-----------|----------------|
| A \$10.00 Administration Fee will be added to all late registrations | | | Date of Birth |
| First Name (above) | Middle Initial | Last Name | Male Female |

| | | | | | | | | |
|---------|--|--|--|--|------|-----|-----------|----------------|
| Address | | | | | City | Zip | Telephone | e-mail contact |
|---------|--|--|--|--|------|-----|-----------|----------------|

| | |
|--------------------|---|
| Mother's Full Name | Father's Full Name (Legal Guardian's Full Name) |
|--------------------|---|

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|---|
| Full Name of brother/sister in same age group |
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|----------------|
| Seasons Played |
|----------------|

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| Shirt Sizes (Please circle one) Youth YS YM YL Adult AS AM AL |
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| | | |
|--|--------------|--------|
| We are always in need of coaches for your child's team. Please fill in info below if you can coach. Thank You! | | |
| Name | Phone Number | e-mail |
| Head Coach Size: AS AM AL AXL 2XL 3XL | | |

REFUND POLICY: There will be no refunds given after August 12th, 2016. A Tee Shirt fee may be administered for refund prior to above date.

I the parent/guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules of the soccer league and it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the league accepting the registrant for it's soccer program, I hereby release, discharge and/or otherwise indemnify the league and it's affiliated organizations and sponsors, volunteers and officials, including the owners of the fields and facilities used for soccer programs, against any claim by or on my behalf of the registrant as a result of the registrant's participation in the soccer program and/or being transported to or from the same, which transportation I hereby authorize.

| |
|-----------------------------------|
| Parent/Legal Guardian's Signature |
|-----------------------------------|

| |
|------|
| Date |
|------|

To accomplish team parity, requests for teams or coaches may or may not be granted.

Mail in Registration: Please fill out form completely & return with appropriate fees to:
Blissfield Recreation Dept.
P. O. Box 129
130 S. Lane St.
Blissfield, Michigan 49228

For more information contact Eric May at:
parksandrecreation@blissfieldmichigan.gov
 or 517-403-0845

Or call the Blissfield Village Office at:
 517-486-4347

Registration form and fee may also dropped off at the Blissfield Village Office at the above address or deposited in the outside drop box on the back wall of the police garage, before August 12th.

Any Registration form completed after August 12th must be dropped off inside the office during business hours. **No drop box registrations will be accepted after August 12th. Thank You!**
 6/28/2016