

Player Information		Ordering Uniforms										
Name _____		UNIFORM SIZE										
Birth Date _____	Male <input type="checkbox"/> Female <input type="checkbox"/>		YM	YL	AS	AM	AL	AXL	Cost	REC.	Initials	
Copy of Birth Certificate Yes or No _____		Shirt										
PARENT INFORMATION												
Name(s) _____			S		M		L	Cost	REC.	Initials		
Phone # _____		Socks										
Cell Phone # _____		Shin Guards										
Address _____		FEE'S					REFUND POLICY					
City/State/Zip _____		In house _____						No refunds will be given once team are registered with PA West @ usually 3 weeks prior to start of season)				
Township _____		Uniform _____										
e-mail _____		Total _____										
Siblings in program _____		*Refundable Volunteer Deposit Check # _____ *Deposits will be return after completion of voluntary services for BASA Note: BASA is not-for-profit organization and any money paid to BASA is not tax exempt										

I give permission to BASA to post photographs of my child(ren) on the BASA website (Initials) _____

MEDICAL LIABILITY STATEMENT

To induce the Blackhawk Area Soccer Association to accept registration and permit participation in B.A.S.A. by the named individual. I/we, the parent(s) or guardian(s) of said individual, hereby give my/our consent and agree to release, indemnify, and hold harmless its officials, coaches and representatives from any claim arising out of injury to the named individual. I/we, the undersigned parent(s) or guardian(s) of the participant, am in/or, do hereby authorize the coaches, assistant coaches, or parents of the team member acting in the capacity of activity supervisors/vehicle drivers as agent examination and/or treatment.

In case of emergency, I/we authorize treatment for our child (name) _____ at any hospital. If there is an emergency and I/we cannot be reached please contact:

Name: _____ Phone Number: _____

Relationship to Player _____ Who is hereby authorized to act on my behalf.

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT OF DISCLAIMER.

Does your child have a physical, mental or emotional disability that you feel the coach should be aware of?

If so please list on bottom of form.

Parent or Guardian Signature _____

Date _____

PARENTS PLEASE COMPLETE			
*****REGISTRAR USE ONLY*****			
Total Payment \$ _____	Check# _____	Parent I am requesting to:	Age Group
Cash \$ _____	REC'd By _____	<input type="checkbox"/> **Coach	<input type="checkbox"/> U -6
Birth Certificate Verified (Initials) _____		<input type="checkbox"/> needs coaches w/iver	<input type="checkbox"/> 1-2 Sessions
Notes _____		<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> U -8
		<input type="checkbox"/> Board Member	<input type="checkbox"/> U -10
		<input type="checkbox"/> Other _____	<input type="checkbox"/> U -12
			<input type="checkbox"/> U -14

*players playing up must have consent w/iver