



Bethlehem Soccer Club

P.O. Box 1501, Bethlehem, PA 18016

www.bethlehemsoccerclub.org

Application: Coach – License ____ (if any)
 Player – Male
 Player – Female

Player/Coach (Participant) Information

Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>		<i>State</i> <i>ZIP Code</i>
Telephone: Home: ()	Work: ()	Cell: ()
Email:	Age Group: Based on age during Aug. 1, 2010 to July 31, 2011 period	
Birth Date:	U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 (circle one)	

Parent/Guardian Information (for Player Applications Only)

Father:	Mother:
Address:	<i>(if different)</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City</i> <i>State</i> <i>ZIP Code</i>	<i>City</i> <i>State</i> <i>ZIP Code</i>
Tel. Nos.: (h) () (c) ()	(h) () (c) ()
Email:	

Emergency Contact and Medical Insurance Information

Full Name:			
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Relationship to Participant</i>
Address:			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>City</i>			<i>State</i> <i>ZIP Code</i>
Telephone: Home: ()	Work: ()	Cell: ()	
Primary Med. Insurance: _____		Insurance Policy Number: _____	
Known Allergies/ Medical Conditions:			

ACKNOWLEDGMENT AND WAIVER: By signing below, you acknowledge and agree that (1) Bethlehem Soccer Club (BSC) is a competitive year-round soccer club, and participants are expected to attend weekly games and practice sessions; (2) BSC is a volunteer organization that requires the active participation of its members at the team and club level; (3) if selected to play on a BSC team, the participant will be required to pay a registration fee and purchase a uniform (this fee does not cover any tournament, indoor soccer and other similar fees, which are incurred at the team level); (4) the participant has adequate medical insurance coverage and is physically capable of participating in BSC activities; (5) you are granting BSC permission to post photographs of a participant on the BSC website and for use for other non-commercial purposes such as handouts, brochures and similar media; (6) you are granting BSC coaches permission to act as a surrogate for the participant in the event that the participant needs emergency medical treatment by a doctor of medicine or dentistry and you assume financial responsibility for any such medical treatment; (7) you have read, understand and agree to the BSC Code of Conduct attached to the BSC By-laws (<http://www.bethlehemsoccerclub.org/the-club/#bylaws>) and (8) SOCCER IS AN ACTIVE SPORT AND THERE IS A POSSIBILITY OF PHYSICAL INJURY, AND IN CONSIDERATION FOR BSC GIVING YOU OR YOUR CHILD AN OPPORTUNITY TO PARTICIPATE, YOU RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY BSC, ITS COACHES AND ALL ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES UTILIZED BY BSC, AGAINST ANY CLAIM BY OR ON BEHALF OF A PARTICIPANT THAT ARISES AS A RESULT OF YOUR OR YOUR CHILD'S PARTICIPATION IN ANY BSC ACTIVITY.

Participant/Parent's Signature: _____ Date: _____
(Parent must sign if Participant is not 18 years of age)