



**BRYANS ROAD SOCCER ASSOCIATION
REGISTRATION FORM**

Uniform Size: Jersey - Adult _____ or Youth _____ Shorts - Adult _____ or Youth _____

Current Season: Spring _____ Fall _____ Year _____

Player's Last Name: _____ First Name: _____ MI: _____

Age: _____ DOB: _____ Sex: M _____ F _____

Address: _____ Home Phone: _____

City: _____

State: _____ Zip: _____

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

E-mail: _____

Other Point of Contact/Relationship: _____

Phone: _____

of Seasons Played: _____ Has the player ever played select soccer: Yes _____ No _____

Amount Paid: _____ Cash: _____ Check #: _____

Does the player have any illness or special conditions, allergies, etc. that the coach should be aware of? Yes _____ No _____
If yes, please indicate: _____

My child/I, _____ agree(s) to participate in the above program knowing that safety precautions will be taken but realize that the Charles County Department of Public Facilities and Maryland Youth Soccer Association do not have accident insurance for the participants of this program.

I, _____, do hereby release and hold harmless Charles County, Maryland and SMYSL, its officials, employees, instructors and volunteers from any and all liabilities arising from any injuries that might occur during the supervised program.

I also authorize the Charles County Department of Public Facilities and the Southern Maryland Youth Soccer League to take photographs of me/my child for promotional and/or educational purposes. It is hereby stated and declared by me that the released information stated above is freely, willingly, and voluntarily made.

Parent or Guardian Signature: _____ **Date:** _____

If you are willing to volunteer for any of the following positions, please circle or check and give parent's name:

Coach Board Team Parent Name: _____

