



2009 FALL SOCCER RECREATIONAL LEAGUES

Presented by BLAINE SOCCER CLUB ★ PO BOX 490043 ★ BLAINE, MN 55449
Office: 763-792-7369 www.blainesoccer.org

The 2009 Fall Recreational Soccer Leagues are now forming and are available to all youth in the twin cities area with birth dates between August 1, 1994 - July 31, 2007. **Please see reverse of this form for more details.** Also offered is our Jr. Little Kicker program for 3 and 4 year olds, please see our website for details.

The season will start with games beginning the weekend of September 12th/13th and finishes by mid-October. Teams are guaranteed to play 7 games and all games will be played on weekends at the Blaine Soccer Complex. Saturday games will typically begin in the morning/early afternoon and Sunday games will begin afternoons. All Practice times and locations are scheduled independently at the discretion of the coach. See back of this form for additional league information and cost.

Online Registration at: www.blainesoccer.org (Online registration is preferred method)

Mail-In Registration: Blaine Soccer Club, PO Box 490043, Blaine, MN 55449.

Walk-In Registrations: Tuesday July 21, 6:00 PM – 8:00 PM Blaine Soccer Club Office

Drop-Off Registration: BSC Office 1467 - 101st Ave NE, Blaine (next to Soccer USA) after hours Drop Box available Or City of Blaine or City of Spring Lake Park, Park and Recreation Departments

Guarantee Deadline: Registrations **postmarked by July 21, 2009** will be guaranteed placement. Registrations after 7/21 will be placed on a wait list and will be accepted if space on teams allow. A \$10 Late fee will be applied after 7/21. Due to the popularity of the Recreational League, please register early to guarantee your spot.

Detach and return bottom of this form. Please keep top portion for your reference.



2009 Fall Recreational League Registration

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Please Complete Other Side of this Form as well		Age Group: _____ (see back of this form)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Players Name: _____		Birth date: ____/____/____	
First	Middle Initial	Last	
Address: _____		City	Zip
Street			
Phone: _____ - _____ - _____	School: _____ (Attending and/or Nearest Home)		
E-Mail Address: _____			
Father's Name: _____		Mother's Name: _____	
Work Phone: _____		Work Phone: _____	
Player Experience:	Have You Played Soccer? _____	Number Of Seasons _____	
	Are You A Traveling Player? _____	Number Of Seasons _____	
I am willing to Volunteer and My Name(s) is: _____			
Coach	<input type="checkbox"/>	Asst Coach	<input type="checkbox"/>
		Age Group Commissioner	<input type="checkbox"/>
All volunteer coaches and assistant coaches will need to submit to a confidential background check with the City of Blaine. All volunteer head coaches will receive 50% of their child's registration fee back at the end of the season.			
Player Request: You may, if you wish, request to be placed on a team with one other player only. The other player should make the same request on their form. Requests are not guaranteed however. Name of requested Player _____			
Please Complete Other Side of this Form			

Fall Recreation Information

Team Formation: Teams are formed by the Blaine Soccer Club with individual players placed based on their schools and neighborhoods where possible. All age groups will be separated into boys/girls teams, however BSC reserves the right to combine age or gender groups depending on registration numbers.

Player Notification: The Coaches' meeting is scheduled for August 13th, 6:00 PM & 7:00 PM at the Soccer Club office depending on the age group. Coaches will then call players to confirm placement on their team on or before **August 25th**. If you have not heard from a coach by **August 25th** you may then contact the office for placement information.

Additional Info: Each player will receive a team shirt. Shin guards are mandatory at all games and practices. Soccer style shoes are recommended. No jewelry is allowed. All participants will receive a participation award.

Age/Fees:	Age Group	Player Date of Birth		Fee (add \$10 late fee after 7/21)
	Jr. Little Kickers	08/01/2005	to 07/31/2007	(See website for registration)
	U5	08/01/2004	to 07/31/2005	\$75
	U6	08/01/2003	to 07/31/2004	\$75
	U7	08/01/2002	to 07/31/2003	\$75
	U8	08/01/2001	to 07/31/2002	\$75
	U10	08/01/1999	to 07/31/2001	\$85
	U12	08/01/1997	to 07/31/1999	\$85
	U15	08/01/1994	to 07/31/1997	\$85

Late Registrations: **Registration Deadline is July 21, 2009.** After July 21, registrations will be considered late and **may not** be accepted if openings are not available. An additional \$10 late fee will be applied on/after July 22nd. Register early to ensure your placement on a team.

Refund Policy: A \$25.00 non-refundable fee will be assessed for all cancellations. No refunds or cancellations will be honored after the season starts. A \$35.00 fee will be charged for any returned checks.

Detach and return the bottom of this form. Please keep top for your reference.

List Any Medical Problems or Restrictions The Player Has: _____

Person To Notify In Case Of Emergency: Name: _____

Phone Number: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Blaine Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Blaine Soccer Club accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the Blaine Soccer Club, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ Date: _____

Consent for Medical Treatment As the parent/legal guardian of a participant in the Blaine Soccer Club programs, I hereby give my consent for EMERGENCY medical care by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature: _____ Date: _____

Consent for Photo Release As the parent/legal guardian of a participant in the Blaine Soccer Club programs, I hereby give my consent for use of my child's photo to be displayed on the Blaine Soccer website and or local newspaper for the sole purpose of displaying participation in the program.

Signature: _____ Date: _____

Office Use Only

Cash/Check #: _____ Date: _____ Amount: _____ Rec'd By: _____ Entered: _____