



2010 SUMMER RECREATIONAL SOCCER LEAGUES

Presented by BLAINE SOCCER CLUB ★ PO BOX 490043 ★ BLAINE, MN 55449 ★

Office: 763-792-7369

www.blainesoccer.org

The 2010 Summer Recreational Soccer Leagues are now forming and are available to all youth within the Twin Cities metro area with birth dates between August 1, 1994, - July 31, 2005. Players will be placed on teams based on the **information on the reverse of this form**. Also offered is our Jr. Little Kickers Soccer program designed to provide youth 3 and 4 years old their first opportunities to experience the very basic skills of soccer. *See website for details.*

The season begins in May and runs through early July with games played at the City of Blaine Soccer Complex. Games are scheduled to be played on weekday evenings, Mondays-Thursdays, beginning after Memorial Day with one game scheduled per week generally (and games on Saturday June 26). The U5 and U7 teams play games on Mondays and/or Wednesdays; U6 and U8 teams play games on Tuesdays and/or Thursdays; and U10, U12 and U15 games are played on any weekday evening. All practice times and practice locations are scheduled independently at the discretion of the coach.

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

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

Walk-In Registrations: Thursday, April 8 5:30PM – 8:30PM Fogerty Arena

Drop-Off Anytime: BSC Office 1467 - 101st Ave NE, Blaine (next to Soccer USA) After hours Drop Box is available Or City of Blaine Park and Recreation Department

Guarantee Deadline: Registrations **postmarked by April 8** will be guaranteed placement. Registrations after April 8th will be placed on a wait list and will be accepted if space on teams allow. 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.



2010 Summer Recreational League Registration

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Please Complete Other Side of this Form

Age Group: _____ see back of this form Male Female

Players Name: _____ Birth date: ____/____/____
First Middle Initial Last

Address: _____
Street City Zip

Phone: _____ - _____ - _____ School: _____
(Attending and/or Nearest Home)

E-Mail Address: _____

Father's Name: _____ Mother's Name: _____

Work Phone: _____ Work Phone: _____

Player Experience: Has Played Organized Soccer? _____ Number Of Years _____

Coach Asst Coach Age Group Commissioner

I am willing to Volunteer as above and My Name(s) is: _____ (ph#) _____

All volunteer coaches and assistant coaches will need to submit to a confidential background check. All volunteer head coaches will receive 50% of their child's registration fee back at the end of the season.

Buddy System Player Request: You may, if you want, request to be placed on a team with one other player. The other player should make the same request for you on their form.

Name of requested Player _____

Summer Recreation League:

763-792-7369

Team Formation: Teams are formed by the Blaine Soccer Club with individual players placed based on a schoolmate and/or 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 May 6th, 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 **May 12th**. If you have not heard from a coach by **May 12th** you may then contact the office for placement information.

Age/Fees:	Age Group	Birth Date From	To	Fee (add \$10 late fee after 4/8/2010)
	Jr. Little Kickers	08/01/2005	07/31/2007	(See website for registration)
	U5	08/01/2004	07/31/2005	\$75
	U6	08/01/2003	07/31/2004	\$75
	U7	08/01/2002	07/31/2003	\$75
	U8	08/01/2001	07/31/2002	\$75
	U10	08/01/1999	07/31/2001	\$85
	U12	08/01/1997	07/31/1999	\$85
	U15	08/01/1994	07/31/1997	\$85

Checks payable to Blaine Soccer Club

New: There is a \$25 Discount applied for each 3rd child or more that is registered from the same family for the league.

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.

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.

Registration Deadline is April 8, 2010. Register early to guarantee your spot.

Anoka-Hennepin School District Disclaimer: This event, class, activity or matter is not sponsored or endorsed by Anoka-Hennepin School District #11 and is not printed at District expense.

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: _____