BLAIRSTOWN YOUTH SOCCER
FALL 2009 REGISTRATION

Player's name: _____ **sex:** M F

Date of Birth (m/d/y): _____ **age:** _____ **grade Sept 09**:_____

Address: _____

Phone: _____ **Email address:** _____

Parent/ Guardian names _____

Resident of: (circle one) Blairstown Hardwick

Player's 2008 season coach: _____

Is player on an existing travel team? Yes No

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I hereby grant permission for my child to participate in the Blairstown Youth Soccer program. I know that participation in soccer may cause serious injury and hereby waive, release, absolve, and agree to hold harmless Blairstown Youth Soccer, its officers, coaches and participants from any claim arising from injury to my child.

Parent/ Guardian signature_____

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Registration fee ($35 first child, $15 second, $10 each additional child) = _____

Uniform order: please circle size

Shirts: (each child needs one red and one white) $ 15 each

RED: YS YM YL AS AM AL = _____

WHITE: YS YM YL AS AM AL = _____

Shorts: Black (you may buy through us or on your own) $10 each = _____

YS YM YL AS AM AL

Socks: Black (you may buy through us or on your own) $4 each = _____

Youth Intermediate Large

(Intermediate fits shoe size 4-10) TOTAL= _____

**** Mail completed form and check (payable to Blairstown Youth Soccer) to **Jonathan Maizel, 45 Cobblewood Road, Blairstown NJ 07825**. Must be received by June 15th to be placed on a team. LATE REGISTRATIONS WILL NOT BE ACCEPTED for the Fall 2009 season..