BALDWIN EAGLES SOCCER CLUB
BALDWIN, NEW YORK
(516) 546-4236

REGISTRATION FORM

Players: First Name _____ Last Name _____ Male / Female ◯circle one◯ ___/___/___ Date of Birth

Grade _____ School _____ Years of Soccer Experience:_____

Street Address _____ Town _____ Zip Code _____

Parent or Guardian Name _____ Home & Cell Phone Number _____

E-Mail Address: _____

Alternate Emergency Contact _____ Home & Cell Phone Number _____

HOW DID YOU HEAR ABOUT REGISTRATION? _____

The Baldwin Eagles Soccer Club is a volunteer organization. We Cannot operate without the support and participation of parents and many others from our community. So please offer to help! Join us in investing your time in our children's future! Check which activity you can assist with:

- ☐ Coach (Teaching the sport and the playing of a safe fun game)
- ☐ Assistant Coach (Help coach and substitute for coach when necessary)
- ☐ Team Manager (Phone calls, distribute club information)
- ☐ Field Crew (Line Fields, set up and take down goals)

THANK YOU FOR YOUR SUPPORT

MEDICAL RELEASE

The Baldwin Eagles Soccer Club provides supervised soccer related activities for children. I the parent or legal guardian of the above named applicant hereby gives my permission and approval for his/her participation in the activities indicated.

I assume all the risk and hazards incidental to the conduct of activities and hereby release indemnify and hold harmless, the Baldwin Eagles Soccer Club, coaches, and Officers of liability in the event of injury Parent/Guardian's signature acknowledging Medical and General Release:

_____ _____

Parent / Guardian's Signature Date

FOR OFFICE USE ONLY

Registration Fee Received For: Single Player, Multi Players— 2—3 —4—5 Amount:_____

Cash ____ Check # _____

Received By:_____ Date:_____