



BETHLEHEM SOCCER CLUB

Changing the game since 1979

PO BOX 305
DELMAR, NY 12054 | WWW.BSCNY.ORG

New York Cup Capital District Selects at Bethlehem 2021 Registration

Player Information:

First Name _____ Last Name _____ Date of Birth: _____

Parent of Responsible Party Information:

First Name _____ Last Name _____

Address _____

City _____ Zip _____ Phone Number _____

Waiver and Release:

Soccer is a contact sport. It is played on a variety of fields and in all weather conditions. As with any sports activity, there are inherent risks of injury to all participants. In the case of soccer, these include the possibility of being kicked or stepped on, of tripping, or being struck by another player or by the ball. No one can control the condition of fields, the weather, or the activities of teammates or the opponents you will play. The participants in the activities of the Bethlehem Soccer Club are children and their conduct is not always predictable.

You are responsible for ensuring that your child is in good physical condition, that he or she has the skill level appropriate to the level at which he or she is being enrolled, and that he or she understands the risks of participation in any sports activity. You are responsible for advising the coach of your team and a member of the Club's Board of Directors of any physical limitations on your child's participation. **You also authorize your child's coach, the director of the tournament in which your child is playing, and/or a Bethlehem Soccer Club Board Member to provide emergency medical treatment to your child in case of injury during practice, games or tournament.** You and your child assume the risks of participating in activities sponsored by the Bethlehem Soccer Club. As a condition of your registration as a member of the Club, you agree that you will not hold the Bethlehem Soccer Club, its officers, directors, referees, other officials or coaches responsible for any injury your child may sustain. You hereby waive and release any claim you may have against the Club or any of the forgoing individuals for any injuries your child may sustain as a result of participation in activities sponsored or authorized by the Bethlehem Soccer Club.

Signed: _____ Date _____

Billing Information:

I understand a non-refundable tryout fee of \$250 is due the first day of training. Please make checks payable to "Bethlehem Soccer Club". Cash [] Check [] Initials _____

I also understand if my child makes a team additional fees will be charged by Bethlehem Soccer Club. Fees are applied at the end of each training season (Fall, Winter, Spring). If my child registers for Bethlehem Soccer Club's Academy program, the NY Cup billing will be added to my academy invoice. If my child plays for another club, I will be invoiced by Bethlehem Soccer Club via email and will pay the invoice in a timely fashion.

Billing email: _____ Initials _____