



## Player Registration

PLEASE PRINT

**Section I:** **Player Information** **Date** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female School: \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_

*To even up teams as much as possible, we are asking that you indicate the skill level of your player as best you can.* Player Rating (circle one): Beginner Intermediate Advanced

**Section II** **Parent/Guardian Information**

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian Information**

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section III:** **Payment Information**

Cash

Check

Venmo

Username: \_\_\_\_\_

BCSO Username: \_\_\_\_\_

*I, the undersigned parent/guardian of \_\_\_\_\_ hereby indemnify and agree that the City of David City and the Butler County Soccer Association, Volunteer Coaches, Referees, Assistants, or Field Crew shall NOT be liable for the injury or death of any participant in the David City Recreation Soccer Program, which results from the actions of the above listed parties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions, Please Contact: William Reiter, Recreation Coordinator, at 402-764-0629 or mail/drop off form at P.O. Box 95, David City, NE 68632**