

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: _____

Section II

Parent/Guardian Information

First & Last Name: _____ Birth Date (for online profile): _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Parent/Guardian Information

First & Last Name: _____ Birth Date (for online profile): _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Section III:

Payment Information

Card

Cash

Check*

Venmo

Make Checks out to the City of David City

Username: _____

BCSO Username: @butlercountynsoccer

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 490 E St., P.O. Box 191, David City, NE 68632