



B.U.C.S. Soccer 2010

children ages 4-4th Grade

The BUCS Organization needs your child's completed registration form (one child per form) on registration night.

Cost is \$20.00 per child. Make checks payable to: Community Unlimited/BUCS. Return form and payment on **Registration Nights: Feb. 2 or Feb 11** from **5-7 pm** at the **Community Building on Division St.**

Child's Name: _____ Age (as of 4/1/09) ____ Birthdate: _____ M or F

Parent(s): _____ Phone Hm _____ Wk _____

Address: _____ City _____

IF NO PHONE, LIST CONTACT PERSON & PHONE: _____

*Please list any MEDICAL CONDITIONS (allergies, asthma, diabetic...) _____

In case of EMERGENCY contact _____ Phone # _____

FAMILY SPECIAL:

If payment is made by the deadline of April 3, league fees will not exceed \$50.00 per family for the season.
If this family soccer maximum applies to you, please write your participating children's names here:

Please circle your child's shirt size: (If not sure of the size, order the next large one)

Child medium 10-12 Adult small 34-36 Adult large 42-44

Child large 14-16 Adult medium 38-40 Adult X-large 46-48

_____ YES, I would be willing to coach.
Coaches are needed! The coach's meeting
for soccer teams will be held in March.

Questions? Call:
Shannon or Spencer Kever 741-3095

I hereby give my child permission to participate in the BUCS Soccer Program, and I understand that BUCS is NOT responsible for injuries incurred in the normal course of play. I also understand that the only placement requests considered will be for children in the same family.

Signature of Legal Guardian

Date

BUCS USE ONLY: Date Received	Amount Paid	CK #	CASH
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