



Fall 2013 REGISTRATION FORM (U-4 – U-19)

One block north of Hwy 370 & 42nd St., Bellevue, NE
Phone: 402-291-0886 Email: registrar@bscneb.org
(Manual registration may take up to 2 weeks to process)

Register online at www.bscneb.org

Office Use Only	
Fall _____	Spring _____ Age Group: _____
Received On: _____	By: _____
Processed On: _____	By: _____
Deposit Sheet: _____	Line _____

Player Information:

Last Name: _____ First Name: _____ Gender: ☐ M ☐ F Date of Birth (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____ School: _____

Current/Requested Team/Coach: _____

Primary Parent/Guardian Information:

Relationship: _____

Last Name: _____ First Name: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Secondary Parent/Guardian Information:

Relationship: _____

Last Name: _____ First Name: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

- ☐ Super Micro (U4-U5) \$60.00*
- ☐ Micro (U6) \$75.00*
- ☐ Jr Academy (U7-U8) \$100.00*
- ☐ Regular Academy (U9-U10) \$115.00**
- ☐ Academy Plus (U9-U10) \$270.00 per year** +
- ☐ Club (U11-U19 Recreational) \$110.00**

*Cost includes T-Shirt for uniform.

**Cost does not include uniform. Uniform must be purchased separately through soccer.com. See Uniform information sheet.

+Payable in 2 installments (2nd payment due January 15th)

Bellevue Soccer Club is a non-profit organization and relies on volunteers. To help keep the costs as low as possible please volunteer:

☐ Coach ☐ Assistant Coach ☐ Fundraising ☐ Concession Stand ☐ Tournaments ☐ Fireworks Stand ☐ Field Maintenance

Family discount: 3rd child: \$25 off; 4th and subsequent: \$50 off.

Important Dates:

July 17 th	Registration Closes for Club & Academy Plus
August 1 st	Registration Closes for Jr. Academy & Academy
September 1 st	Registration Closes for Super Micro & Micro

Any registration received after the closing date will be subject to a \$15 late fee and no guarantee will be made for placement on a team.

Season start varies by program. See www.bscneb.org for more information

REFUND POLICY: A refund of the registration paid, minus a \$25 administrative fee, will be made only upon written request and only if received prior to the first games of the season. No refunds will be given after the first game of the season.

STATE OF NEBRASKA LIABILITY WAIVER: Coaches, managers, referees, their assistants, administrators, or anyone who prepares any playing field shall NOT be liable for injury or death of any participant in the Bellevue Soccer Club activities which result from the negligence of any of the above named individuals.

PARENT OR GUARDIAN DISCLAIMER: We/I the parents of _____ hold harmless BSC, its officials, coaches, and representatives from any claim arising of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs. We/I agree that the name and picture(s) of said minor may be used in print and video releases to news media of club related items.

I have read, understand, and agree to the above items:

SIGNED: _____ **DATE** _____

EMERGENCY AUTHORIZATION: We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as agent for the undersigned to consent to Medical, Surgical, Dental Examination or Treatment in the case of emergency. We/I hereby authorize emergency treatment and/or care of _____ at ANY hospital. If other, Please specify _____

IN AN EMERGENCY AND WE/I CANNOT BE REACHED, CONTACT Name _____ Phone _____ who is hereby authorized to act on my/our behalf.

Any history of respiratory illness, allergies, or other significant medical problems: _____

Medication taken regularly: _____

Medication/Food Allergies: _____

Family Doctor: _____ Doctor Phone: _____

SIGNED _____ **DATE** _____

A copy of the birth certificate is required for all new players. This form, when submitted, becomes the property of the Bellevue Soccer Club.
Please mail completed form with payment to: Bellevue Soccer Club, Attn Registrar, P.O. Box 373, Bellevue NE 68005