



## Bridge Futbol Alliance Player Registration Form

<b>Player's Name:</b>	<b>Home Phone:</b>
<i>As it appears on Birth Certificate.</i>	
<b>Address:</b>	<b>City/Zip:</b>
<b>Date of Birth:</b>	<b>E-mail Address:</b>
<b>Father's Name:</b>	<b>Mother's Name:</b>
<b>Father's Work Phone:</b>	<b>Mother's Work Phone:</b>
<b>Father's Cell:</b>	<b>Mother's Cell:</b>
<b>Father's E-mail:</b>	<b>Mother's E-mail:</b>
<b>Emergency Contact:</b>	<b>Emergency Physician:</b>
<b>Emg Contact Phone:</b>	<b>Physician's Name:</b>
<b>Medical Concerns:</b>	
<b>Club Last Season:</b>	<b>Team Last Season:</b>

<b>Occupations:    Father:</b>	<b>Mother:</b>
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Bridge FA is an organization of players and volunteers. Registration fees do not cover the costs of running the club. In order to keep fees low, at least one adult from each household is expected to give time to the club, in the one of the many areas available, including but not limited to Team Manager, Tournaments, Board Member, Field Maintenance, Registration, and Fund Raising.

**Areas of Volunteer Work:**

I agree that the player and I will abide by the rules of the USYSA and its affiliated organizations and sponsors. I also certify that the above named player is in good health to play soccer. I understand that the above named player plays soccer for the Bridge Futbol Alliance at his or her own risk and the Bridge Futbol Alliance leaders are released from responsibility for risks, hazards, and claims incidental to participation. I also give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb and the well being of my dependent.

<b>Signature:</b>	<b>Date:</b>
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<i>For Bridge FA Use</i>	
<b>Check Number:</b>	<b>Birth Certificate on File:</b>
<b>Team:</b>	<b>Manager:</b>