



BWB SOCCER LEAGUE REGISTRATION FOR FALL 2019

***Register by Monday, September 9th**

BWB Elementary School PTA offers a relaxed soccer program that is parent organized and designed to introduce children to fundamental soccer skills with an emphasis on fun and good sportsmanship.

**Practice & Games will be held Saturdays,
September 14th – October 26th**

Kindergarten & 1st Graders 9-10am, 2nd & 3rd Graders 10-11:00am

Team shirts are provided and every participant will receive an award at the end of the season.

\$35 per player

**Scholarships available, please call the principal or speak with your child's teacher.*

**We need Coaches and Sponsors, please consider helping with
your time and/or money.**

Please complete and return this registration form by September 9th to BWB to ensure a team shirt for your child with check made out to **BWB PTA**

***An email will be sent if inclement weather will restrict play by 7:30 AM
and also posted on Facebook.***

**Please contact Michael Pierce (cell: (352) 316-4053) or Chris Oliva (cell: (774) 836-8088) with questions
or concerns:**

Email: cmarcoliva@yahoo.com or michael@mdpiercelaw.com

BWB FALL 2019 SOCCER REGISTRATION

Player's Name _____ Grade Fall 2019 _____ T-Shirt Size _____

Gender: M F DOB _____ Parent's email _____

Address _____

Allergies: _____

Phone number in case of emergency _____

Request _____

RELEASE OF LIABILITY:

I, the parent/guardian of the BWB PTA sponsored Soccer program, recognizing the possibility of physical injury associated with soccer and in activities, I hereby release, discharge, and/or otherwise indemnify MA soccer league, BWB volunteer coaches, owners of the field, and school district, against any claim by or on behalf of the registrant as a result of the registrant's participation in the BWB PTA sponsored soccer program.

Name: _____

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT:

As Parent or Legal Guardian of the above named player, I hereby 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, or well being of my dependent.

Name: _____

Signature: _____ Date: _____

COACHES NEEDED!!!

I would like to volunteer for Head Coach _____ Asst. Coach _____

Volunteer's Name _____

DOB (needed for insurance) _____ Telephone _____

SPONSORS NEEDED! ONLY \$150

If you or your employer/company would like to sponsor a team, please complete to form below. The fee for sponsorship is only \$150. It's a great way to support the children and advertise your business at the same time (Tax deductible)!! Sponsors names are printed on the team shirts. This is a first come first serve basis, we had many companies that wanted to sponsor so please respond quickly to guarantee your sponsorship and thank you so much!!

Company Name _____ Parent _____

Address _____ Telephone _____

City, State, Zip _____ Child/Player _____