BALDWIN EAGLES SOCCER CLUB
BALDWIN, NEW YORK
(516) 546-4236

INTRAMURAL REGISTRATION

Players: _____ **First Name** _____ **Last Name** **Male / Female** **circle one** ____/____/_____ **Date of Birth**

_____ **Grade** _____ **School** **Years of Soccer Experience:**_____

_____ **Street Address** _____ **Town** **Zip Code**

_____ **Parent or Guardian Name** _____ **Home & Cell Phone Number**

E-Mail Address: _____

_____ **Alternate Emergency Contact** _____ **Home & Cell Phone Number**

HOW DID YOU HEAR ABOUT REGISTRATION? _____

The Baldwin Eagles Soccer Club is a volunteer organization. We Cannot operate without the support and participation of parents and many others from our community. So please offer to help! Join us in investing your time in our children's future! Check which activity you can assist with:

____ Coach (Teaching the sport and the playing of a safe fun game)
____ Assistant Coach (Help coach and substitute for coach when necessary)
____ Team Manager (Phone calls, distribute club information)
____ Field Crew (Line Fields, set up and take down goals)

THANK YOU FOR YOUR SUPPORT

MEDICAL RELEASE

The Baldwin Eagles Soccer Club provides supervised soccer related activities for children. I the parent or legal guardian of the above named applicant hereby gives my permission and approval for his/her participation in the activities indicated.

I assume all the risk and hazards incidental to the conduct of activities and hereby release indemnify and hold harmless, the Baldwin Eagles Soccer Club, coaches, and Officers of liability in the event of injury Parent/Guardian's signature acknowledging Medical and General Release:

_____ Parent / Guardian's Signature _____ Date

FOR OFFICE USE ONLY

Registration Fee Received For: Single Player, Multi Players— 2—3 —4—5 Amount:_____
Cash ____ Check # _____

Received By:_____ Date:_____