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

___ Intramural Player
___ Travel Player

___ Male
___ Female

_____ _____ ____/____/____
(player) Last Name First Name Date of Birth

_
_____ _____ _____
Grade School Yrs. Of Experience

_
_____ _____ _____
Parent or Guardian Name Address & Town Zip Code

_____ _____
Home phone & Cell number E-mail address

_
_____ _____
Alternate Emergency Contact Phone Number

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:_____