Beausejour Brokenhead Soccer Association (BBSA)

SOCCER REGISTRATION FORM

(Please Print)

CHILD'S NAME _____ AGE _____

ADDRESS _____ (At Dec 31, 2009)

_____

TELEPHONE NUMBER _____ M - F (Please circle one)

Email address: _____

GIRLS ONLY U12 & UP (Y/N) ____

DEVELOPMENTAL LEAGUE (Y/N) _____ (Born 1994-1996)

DATE OF BIRTH (YY/MM/DD) _____

PARENT(S)/GUARDIAN(S) NAME _____

ALLERGIES/HEALTH ISSUES _____

_____

Are you interested in coaching? (Y/N) _____ Clinic dates March 21 & 22, 2009

**** This section is required for insurance purposes. Your child cannot play unless it is filled in correctly *****

Manitoba Health

Family Number _____

Child's Individual Pin _____

Family Physician (name/phone #) _____

Emergency Contact (name/phone#) _____

ADDITIONAL INFORMATION: _____

_____

Parent(s)/Guardian(s) Signature _____

Note: Fees include insurance & registration fees. Depending on circumstances certain portions will be non-refundable.

Make Cheques Payable to "BBSA"

Mail Cheques to: BBSA c/o Jody Stengel Box 8 Grp 25 RR 1 Anola , MB R0E 0A0

Late fees after March 21, 2009 will apply.

Registration will be allowable if within the BBSA late registration policy guidelines.

FEES SCHEDULE	$50.00	4 to 8 years
	$55.00	9 to 12 years
	$60.00	13 to 17 years