



Recreational Soccer Registration

Full participation by all is the most important part of youth athletics!



Grades 9 – 12 (Fall 2008) *New this Year!*

Player Name: _____ Grade, Fall 2008: _____
 Address: _____
 Date of Birth: _____ Home Phone: _____
 Mom's name: _____ Dad's name: _____
 Mom's daytime phone: _____ Dad's daytime phone: _____
 Email _____

Season: Early September to mid-October.

Games: Sunday Afternoons at 2:00 pm (No practice required)

Parent Opportunities: **Your kids need you – Get involved!** Our program is dependent on parents assisting. No experience necessary.

Concession Parent Sponsor Assistant Parent Sponsor

I hereby give my consent for the above named child to participate in Bow Athletic Club (BAC) recreational soccer activities, and I understand and agree that the BAC and the Merrimack Valley Soccer League are not responsible or liable for any injury or expense incurred as a result of participation in the BAC recreational soccer program. In case of an accident or serious illness, I request the coach to contact me. I hereby give authorization that my child be transported to the nearest medical facility for treatment as needed.

Parent/Guardian signature: _____ Date: _____

Registration Fee: \$60.....Maximum per family is \$120

To insure placement on a team registrations must be received no later then September 5, 2008.

Please make checks payable to: "Bow Athletic Club." Send form and check to:

**Bow Athletic Club
10 Grandview Road
Bow, NH 03304**



Player Health History

To be completed and signed by parent or guardian

Yes No Has had an injury requiring medical attention (includes treatment for head or brain injury, unconsciousness, sprains of any joints, broken bones, serious eye trouble and kidney injuries.

Yes No Has had an illness lasting more than a week (includes history of heart condition or heart disease, rheumatic fever, mononucleosis, epilepsy, diabetes, etc...)

Yes No Has any allergy (insects, medication, pollen, etc...)

Yes No Is under the care of a physician at this time.

Yes No Takes medication on a regular basis. Specify:

Yes No Wears glasses.

Yes No Wears contact lenses.

Yes No Has had surgical operation or been advised to have one.

Yes No Has been in the hospital (other than tonsillectomy).

Yes No Has any special health problem.

Yes No Has any missing or non-functional organ.

Please explain all "Yes" answer to the above questions:
