BLACKFORD YOUTH SOCCER LEAGUE FALL 2025 REGISTRATION FORM

P.O. Box 293
Hartford City, IN 47348
WWW.BLACKFORDYOUTHSOCCER.COM
Questions: Doug Slusser at 765-499-2149

Please sign-up during the month of May!!

Player's and Parents Information

Last Name:_____First Name:_____

Sex: M F Date of Birth:_____ Age on August 1, 2025_____ Home Number:_____

Mailing Address:_____City:_____State:_____Zip:_____

Father's Name:_____ Contact # _____ email_____

Mother's Name:_____Contact #:_____ email_____

Playing Experience: Seasons Played: _____ Last Team: _____ Coaches Name: _____

Please list any siblings and age. (We want to keep siblings together if they are in the same age group.)

PLEASE NOTE WE WILL NOT BE ACCEPTING ANY SPECIAL REQUESTS!

HELP NEEDED!

Father can help with the following (check): Coaching: ☐ Mother : Coaching: ☐ Help with Concessions: ☐

Registration Fees and birthday Requirements (Age as of 8/1/25):

Age Group	Registration Fee		Item	Size (PLEASE SELECT)
☐Under 6's (4-5 yr olds)	$60.00		Adult Jersey	_____ (AS/AM/AL/AXL)
☐Under 8's (6-7 yr olds)	$60.00		Youth Jersey	_____ (YS, YM, YL)
☐Under 10's (8-9 yr olds)	$60.00			
☐Under 12's (10-11 yr olds)	$60.00			
☐Under 15's (12-14 yr olds)	$60.00	*Excluding High School Students*		

Parents may choose to move their child up *one* division at their discretion. Please note that High School Students are ineligible for participation in the Youth League for 2025.

Payable to: BYSL

Payment : ☐ $60 (1 child) ☐ $120 (2 children) ☐ $165 (3 children) ☐ $200 (4 children) for each child after 4 there will be a $15 fee per child.

Note any medical conditions or allergies for your child only_____

NOTE: Read the "Rules of Conduct and Play" provided at registration or a coach can provide you a copy.

I, the parent/Guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BYSL. Recognizing the possibility of physical injury associated with soccer and in consideration for the BYSL, accepting the registrant for its soccer programs and activities (the "program"). I hereby release, discharge and/or otherwise indemnify the BYSL, its affiliated associations and sponsors, there employees and the associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor or 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.

Signature of Parent: _____Date:_____Print Name:_____

MAIL FORM TO: PO BOX 293, HARTFORD CITY, OR REGISTER ONLINE