



# Bismarck Soccer League Inc.

P.O. Box 405, Bismarck, ND 58502

Phone: (701) 255-1589

Website: [www.bismarcksoccerleague.com](http://www.bismarcksoccerleague.com)

Recreational Soccer for Kindergarten through Grade 6



## REGISTRATION FORM

GIRLS SEASON – Spring 2010

Games on Saturdays, April 10<sup>nd</sup>, 2010 thru May 22<sup>nd</sup>, 2010

Coaches will contact the players by April 1, 2010

### EARLY BIRD REGISTRATION FEE

**BEFORE** February 28, 2010

**FEE: \$35.00**

Kindergarten through 6<sup>th</sup> Grade  
(no late fee for kindergarten)

### REGULAR FEE

March 1, 2010 - March 19, 2010

**FEE: \$50.00**

March 20, 2010 – April 5, 2010  
**LATE FEE: \$75.00** for available Spots  
Only

NO Refunds after  
March 19, 2010

**BISMARCK SOCCER LEAGUE IS AN ORGANIZATION BASED ON VOLUNTEERS.  
PLEASE CONSIDER THE VOLUNTEER OPPORTUNITIES ON THE BACK OF THIS FORM!**

ONE CHILD PER FORM PLEASE (YOU MAY COPY THIS FORM)

(Detach upper portion to keep as a reminder that you registered)

**Please Make Checks Payable to: Bismarck Soccer League**

\*Mail to Above Address\*

For office Use Only

Reg Date: \_\_\_\_\_

Check No. \_\_\_\_\_

<b>School</b>	<b>Grade Enrolled for Spring</b>	<b>Birth Date</b>	
<b>Players Name (Last, First)</b>		<b>Phone Number</b>	
<b>Address</b>	<b>City</b>	<b>Zip</b>	
<b>Fathers Name</b>		<b>Phone Number</b>	
<b>Address</b>	<b>City</b>	<b>Zip</b>	
<b>Mothers Name</b>		<b>Phone Number</b>	
<b>Address</b>	<b>City</b>	<b>Zip</b>	
<b>E-Mail Address (Used to send out BSL related news, will not be given to any other organization)</b>			

### **PARENT OR GUARDIAN AUTHORIZATION & WAIVER OF LIABILITY**

To induce the Bismarck Soccer League, Inc. (BSL, Inc.) to accept registration and permit participation in BSL, Inc., by the above named individual(s), I, the parent or guardian of said individual(s), hereby give any consent and agree to release, indemnify and hold harmless BSL, Inc., its officials, coaches and representatives from any claim arising out of injury to the above named individual(s). I hereby certify that the above youth is in normal health and capable of participating safely in BSL, Inc.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_