



Blount United Soccer Club

Permission To Roster

Player Commitment Form

ORIGINAL
Team Manager
COPY
Player/Parent
COPY
Registrar

Your player has been offered a place on Blount United Soccer Club
To accept this offer, complete this form, and return it to the team manager.

(Please print clearly. **All blanks must be filled in completely.**)

Player Information

_____ (Circle gender and age group.) M F
 _____ U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
 Team Coach

_____ Birthdate _____ Age as of August 1
 First Name MI Last Name

_____ School

_____ Participating Sibling Team (Ex: U10, U11, etc.) _____ Participating Sibling Team (Ex: U10, U11, etc.)

Parent Information

_____ First Name MI Last Name

_____ Street Address

_____ City State ZIP

_____ Home Phone Work Phone Cell Phone

_____ email

_____ Employer

BUSC INSURANCE LIABILITY WAIVER

I, (we) the parent/legal guardian of the above player, a minor, agree that the player and I (we) will abide by the rules of Blount United Soccer Club (BUSC), District E, Tennessee State Soccer Association (TSSA), USC and USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for BUSC, District E, TSSA, USC and USYSA accepting the above named registrant for its soccer programs and activities, I hereby agree to assume the risk of and hold harmless, release, discharge and/or other wise indemnify the BUSC, District E, TSSA, USC and USYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fieldsand facilities utilized for the programs, against any claim by or on behalf of the registrant, as a result of their participation in the programs and/or being transported to or from the same. I also authorize transportation convenient or necessary to and from any athletic event or social event connected with this club

PERMISSION TO ROSTER

By signing this form I give BUSC permission to register my son/ daughter to play for the above team for the upcoming TSSA seasonal year (August 1 - July 31).

I understand that as a player/parent that I do not have to commit to any association, team, or coach during the open period and I can not be punished by trying out for any other association, team, or coach during this period.

Parent/Guardian Signature Date

Player Signature Date

PHOTO RELEASE

I hereby give permission to the Blount United Soccer Club to use any photographs taken of my child while participating in this program, for use as promotional media.

Parent/Guardian Signature Date

Parent Information

_____ First Name MI Last Name

_____ Street Address

_____ City State ZIP

_____ Home Phone Work Phone Cell Phone

_____ email

_____ Employer

Mother's Date of Birth (Month/Day/Year)

SCHOLARSHIP APPLICATION

I am applying for financial assistance toward club registration fees. (Please fill out Scholarship Application.)

