



# BATON ROUGE SOCCER CLUB

Returning: \_\_\_\_\_ New: \_\_\_\_\_ Campus (please circle): Central Zachary Burbank Independence

Name: \_\_\_\_\_ Sex: M F D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? (please circle): Social Media Website Flyer Referral Mail Other: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Placement Preference: (Players will be placed on teams at the discretion of BRSC and are subject to roster availability).**

___ Team based on school	School Name: _____	Grade: _____
___ Known Team	Team Name: _____	Coach: _____
___ Preferred Practice Location:	Burbank Independence Park Flanacher Road Park	Central Sports Park

**Division Pricing: \*\* Full Year Option during fall registration only \*\***

Pre-k - 2 <sup>nd</sup> Grade:	Single Season:	\$135.00	Full Year:	\$220.00
3 <sup>rd</sup> Grade – 4 <sup>th</sup> Grade:	Single Season:	\$150.00	Full Year:	\$250.00
5 <sup>th</sup> – 6 <sup>th</sup> Grade:	Single Season:	\$160.00	Full Year:	\$270.00
7 <sup>th</sup> - 12 <sup>th</sup> Grade:	Single Season:	\$165.00	Full Year:	\$280.00

**Media Release:** To be used for social media and some promotional material. Players' names and other information will not be released.

By signing this release form, I authorize the Baton Rouge Soccer Club (BRSC) to use the following personal information:

- (1) My picture – including photographic, motion picture, and electronic (video) images.
- (2) My voice – including sound and video recordings.

I hereby grant to BRSA, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Waiver:** I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this Association (BRSC), the Louisiana Soccer Association (LSA), the United States Soccer Federation (USSF) and their affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the BRSC soccer program, I hereby, agree to indemnify BRSC, LSA, and the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the programs, for actions taken by the registrant; and hold harmless BRSC, LSA, the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the program, from any and all liability of every nature, kind and description as a result of injury, hurt, or damage sustained by the registrant as a result of his/her participation in the BRSC soccer program and/or being transported to or from the same.

PARENT/GUARDIAN (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Payment: \_\_\_\_\_