



# BLOOMFIELD JUNIOR SOCCER ASSOCIATION 2010/2011 RECREATION LEAGUE REGISTRATION



Visit our website at [www.mybloomfieldsoccer.org](http://www.mybloomfieldsoccer.org).

NOTE: ALL PLAYERS (NEW AND RETURNING) MUST REGISTER TO PLAY IN THE FALL LEAGUE.

**Registration and payment deadline: September 7, 2010,**

**Open House/Coaching Clinic: 4 dates (details on back)**

LAST NAME	FIRST NAME	BIRTHDATE	GENDER	SHIRT SIZE*	SHIRT COLOR IF RETURNING PLAYER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* T-shirt Sizes: (Youth: Small, Medium, Large; Adult: Small, Medium, Large)  
(Please distinguish between Youth and Adult by indicating "Y" for Youth and "A" for Adult sizes)

HOME ADDRESS: \_\_\_\_\_ Bloomfield, CT 06002

PRIMARY PHONE #: \_\_\_\_\_ SECONDARY PHONE #: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (Necessary to for general communication)

MEDICAL ISSUES/ALLERGIES: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

I am willing to volunteer as a \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Coach, Assistant Coach, Team Manager)

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ PHONE/CELL #: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**Please sign the following release:**

I, the parent or guardian of the above named player(s), hereby give my consent to and agree to release, indemnifies and hold harmless anyone participating in an advisory or official capacity (including coaches, Board members, volunteers) with Bloomfield Junior Soccer Association, Inc. as well as the Bloomfield Leisure Services and its employees, from any claims arising out of injury to the above named players or spectators. I understand that I must remain present during the entire practice and games unless other arrangements have been made with the coaching staff.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

**CHILDREN MAY NOT BE DROPPED OFF AND PICKED UP FOR PRACTICES AND GAMES**

# 2010/2011 RECREATION LEAGUE SOCCER REGISTRATION

For Bloomfield Residents ages 5 and older (contact the League if your child is under 5). Previous soccer experience is not required. **1<sup>st</sup> Practice on Tuesday Sept. 14** (fields at Leisure Services, 330 Park Ave), 2 practices a week: Tue., Thu. at 6:00 pm (1 hr), 1<sup>st</sup> game Saturday Sept. 25.

**Keep a copy of this registration** for your record. Schedule of games and practices will be provided later.

**Registration and Payment Deadline is September 7, 2010** You may mail in your registration or register in person. Please make every effort to register early for us to organize the teams and league.

**Registration Fees:** \$60 for an individual, \$100 for 2 sibling players, \$125 for 3 sibling players.

**Mail-in registration:** Mail the completed registration form and a bank check or money order (payable to Bloomfield Junior Soccer Association) to:

**Bloomfield Junior Soccer Association (BJSA)  
P.O. Box 149  
Bloomfield, CT 06002**

(Note: Personal Checks will not be accepted.) Forms dropped off at Bloomfield Leisure Services or through the school system **will not** be forwarded.

**In-person registrations:** at Leisure Services Center, 330 Park Ave. (registration forms will be available), **bring cash, bank check or money order.** (No personal checks please.)

- Saturday August 21, 10 a.m. to 12 noon
- Saturday August 28, 10 a.m. to 12 noon (**Open House and Coaching Clinic**).
- Tuesday August 31, 6:00 pm to 7 pm
- Tuesday September 7, 6:00 pm to 7 pm

We make every effort to have each child play, but there is no guarantee of placement on a team for late registration.

**Required Equipment For All Players:** Shin guards (**mandatory for both practice and games for the child's safety**), a soccer ball with your child's name printed on it in a permanent marker (**only for practice**), a pair of black shorts (**only for the games**), and a pair of outdoor soccer shoes (cleats) for practice and games. Check with your coach for appropriate soccer ball size. \*Each **Fall 2010** registered child will receive a team shirt and game socks. Note that a parent or guardian must remain present during practices and games.

**Volunteers:** We need volunteer coaches and team managers to make this program a success. Volunteer coach (and assistant coach)'s child/children play for free. Experience is not necessary as there will be coaching clinics held. Attendance at practices, games and clinics is mandatory for all volunteers, or full payment is expected. Background checks are required for all volunteers.

- **1<sup>st</sup> COACHING CLINIC:** SATURDAY AUGUST 28, 10 A.M. TO 12 NOON (BLOOMFIELD LEISURE SERVICES)
- **2<sup>nd</sup> COACHING CLINIC:** SATURDAY SEPTEMBER 11, 10 A.M. TO 12 NOON (BLOOMFIELD LEISURE SERVICES)  
Team rosters, handbooks, schedule and uniforms are distributed to the coaches at this clinic.

**For further information, including volunteering, please contact Marie Anderson at 860-578-4564  
or visit our website at [www.mybloomfieldsoccer.org](http://www.mybloomfieldsoccer.org).**

For BJSa use only

Check Amount:	
Received By, Date	