

BCYF and Jackson Mann Community Center
22nd Anniversary
2017 Indoor Soccer Summer League

Fridays, June 2nd to August 4th

Friday games are played from 6:00p.m. to 10:00p.m.



Open to Boys and Girls

Ages 4 1/2 - 13

Fee \$25

Registration Dates: April 21, 2017 to May 26, 2017

Space is limited! You can register your child starting April 21st and before the last day of registration which is May 26th. Due to the overwhelming response we cannot accept applications after May 26th. Please note that on May 26th we will assign the teams. Thank you for your cooperation! For an application or more information please call Ponce, (617) 635-5153 x30 after 3pm. ***Please note the soccer league fee may only be paid in the form of check or money order made payable to BCYF/JMCC.***

El espacio es limitado! Usted puede registrar a su niño comenzando el 21 de Abril y antes del ultimo dia de inscripción que es el 26 de Mayo. Por la gran respuesta que tenemos no aceptamos aplicaciones después del 26 de Mayo. El 26 de Mayo se hacen los equipos. ***Porfavor el pago del campeonato de soccer tiene que ser solamente en forma de cheque o money order. Porfavor endorsarlo a BCYF/JMCC.*** Para más información o para registrarse llamar a Ponce, despues de las 3 de la tarde.

BCYF and Jackson Mann Community Center

Summer League, 2017

Boys and Girls Ages 4 1/2 – 13

Child's Name _____ Date of Birth _____ Age _____

Please print

Address _____ City _____ Zip _____

Male _____ Female _____ Height _____ Weight _____

School _____ Grade _____

Home Phone _____ Cell _____

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|----------------------------|----|----------|
| T-Shirt Size (Circle One): | YS | Adult MS |
| | YM | Adult MM |
| | YL | Adult ML |

I hereby authorize my son/daughter to participate in the Indoor Soccer League at BCYF and Jackson Mann Community Center. In giving this authorization, I agree that I will not bring a suit against the Jackson Mann Community School and Council, Inc., including any of its officers or employees, for property damage or personal injury incurred by my son/daughter resulting from my son/daughter's participation in the Indoor Soccer Program. I also authorize BCYF and Jackson Mann Community Center; to take and use photos, slides and recordings of my son/daughter while he/she is participant in the Indoor Soccer Program.

My child has the following medical conditions that his/her coach should be informed about and which may affect him/her (example: asthma, medication, etc.)

In the event of sudden serious injury or illness to my child while he/she is participating in the class, I express my consent for the administration of emergency medical care, including anesthesia, if such action is desirable in the opinion of the attending medical personnel. I shall be reasonable for all medical fees and other charges. I understand that the coach will make a reasonable effort to contact me, should a sudden injury or illness occur.

In signing this permission slip, I certify that my child is covered by health and accident insurance or Medicaid and that I am obligated to provide BCYF and Jackson Mann Community Center with the name of the carrier and policy number.

Parent/Guardian Signature _____ Date _____

Insurance Carrier/Policy _____ Policy # _____

Emergency Contact _____ Phone # _____