



# Boston Alliance Football Club (BAFC)

## Player Registration Form

### Spring 2007

\_\_\_\_\_  
Player's Last Name

\_\_\_\_\_  
Player's First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State      Zip

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Describe the Nature of any Medical Problems

\_\_\_\_\_  
Emergency Contact Not Parent/Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Doctor to Notify in Case of Emergency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Policy Number

I, Parent/Guardian of the above named Player hereby give permission to the Player to join the Boston Alliance Football Club. I understand that BAFC or its agents are not liable for any accident or illness during or en route to and from games and practices. In case of illness or emergency, I give permission for the above named Player to be treated by a duly licensed Doctor. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of the Player.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

OFFICIAL USE ONLY:

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

Official's Initials: \_\_\_\_\_

Age Group: \_\_\_\_\_

Team: \_\_\_\_\_

**Registration fee:** TBD – (to be determined) per child  
**Make checks to:** Dorchester Youth Soccer