

KEEP 'EM PLAYING PROGRAM (KEPP)



**Mail To: BUSC "KEEP'EM Playing" Program
P.O. Box 523
Pleasanton, CA.
94566**

Please enclose check to:
BUSC- KEP Program

Please Print Clearly

PLAYER INFORMATION:				
NAME:				
Last	First			
Address:				
Players Home Phone:				
Date of Birth:				
Number of Years Playing Experience:				
Parent / Guardian Information				
Father:				
Last	First	Home Phone	Cell/Page	Home phone
Mother:				
Last	First	Home Phone	Cell/Page	Home Phone

PLEASE PRINT
E-MAIL ADDRESS: _____ @ _____

Player Tee-Shirt Size **Youth Small, Medium, Large** **Adult Small, Medium, Large, Xtra Large**

<u>Circle Programs you are requesting:</u>	BUSC "KEEP'EM Playing" Program
<ul style="list-style-type: none"> • <u>Academy CAMP PROGRAM: APRIL/MAY 2008</u> • <u>Total of 9 Camp Days and camp is 1.5 hours</u> • <u>Tuesdays</u> 	\$150.00 (less \$50 if signing up for both programs)
<ul style="list-style-type: none"> • <u>TRAINING PROGRAM JUNE – JULY</u> • <u>8 weeks of training two days a week.</u> • <u>Tuesday and Thursday</u> • <u>Starting June 12th and ending July 26th.</u> 	\$180.00

PARENT / GUARDIAN AUTHORIZATIONS

Authorization for Emergency Treatment:	
In the event of an injury or sickness in the course of Ballistic United Soccer Club games or activities, I authorize officials of Ballistic United Soccer club to administer first aid and if necessary transport my son to a duly licensed physician or hospital to adminster emergency treatment. If possible, I would prefer the following physician to be called:	
Physician:	Phone:
Know Players Medical Conditions:	
EMERGENCY CONTACT	
Name:	Phone:
Parent / Guardian Signature X:	Date / /

Parent / Guardian Approval / Release	
I, the parent/guardian of the above named child, approve of his participation in any and all activities of the Ballistic United Soccer Club ("BUSC") during the current seaason. In consideration of the above named child's participation in BUSC activities, I voluntarily release and agree to indemnify and hold harmless BUSC, California Youth Soccer Association (CYSA), U.S. Youth Soccer (USYS) and each of their respective directors, officers, employees, agents or representatives as well as the Pleasanton Recreational Department and the owners and operators of the facilities used during the season from any claims, damages, liability od causes of action for injuries or death, or property damage, arising out of or in any way connected with the above named child's participation in soccer practice, soccer games, and/or BUSC related events including, but, not limited to, transportation to and from these activities. I further grant BUSC,CYSA and USYS the right to use the child's name, picture or likeness in any print or electronic media.	
Parent / Guardian Signature X:	Date / /