

HIGH SCHOOL



SUMMER SOCCER

WE ARE PROUD TO OFFER A HIGH SCHOOL
SUMMER LEAGUE OPEN TO *BOYS & GIRLS* GOING
INTO GRADES 8, 9, 10, 11 & 12.

7 v 7 League Play

***** GAME JERSEY for EACH PARTICIPANT *****

***** 12+ GAMES PLAYED on TUESDAYS & THURSDAYS in JULY *****

***** LOCATION *****

TOWN CREEK PARK +



SPONSORED BY THE:

BRUNSWICK COUNTY PARKS & RECREATION

DEADLINE TO REGISTER IS: JUNE 23, 2025



Registrations will be taken at the Brunswick
County Parks and Recreation in Bolivia at the Government
Complex / Building G
Monday thru Friday
8:30 a.m. – 5:00 p.m.

REGISTRATION FEE: \$45.00 EACH

You will need to provide:
Shorts, Cleats & Shin Guards.

Mail Applications to:
Brunswick County Parks and Recreation
Attn: Daniel Rabon
P.O. Box 249
Bolivia, NC 28422

Register Online: <https://bcparks.recdesk.com/>

Phone: (910) 253-2670

Fax: (910) 253-2684

ATHLETIC REGISTRATION FORM

HIGH SCHOOL SUMMER SOCCER Brunswick County Parks & Recreation Department

NAME: _____
(LAST) (FIRST) (MIDDLE)

MALE ☐ FEMALE ☐ BIRTHDATE: _____ / _____ / _____ AGE: _____
(PLEASE CHECK APPROPRIATE BOX) (MONTH) (DAY) (YEAR)

GRADE: _____
8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

(PLEASE CHECK BOX TO THE RIGHT SIDE OF GRADE THAT THE PARTICIPANT IS IN)

PHYSICAL ADDRESS: _____
(STREET / P.O. BOX) (CITY)

HOME PHONE: _____ EMAIL: _____

MOTHER'S CELL: _____ DAD'S CELL: _____

SCHOOL ATTENDING: _____

ANY PHYSICAL LIMITATIONS: _____

***** JERSEY SIZE (Please Check One) *****

ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE ☐ ADULT X-LARGE ☐ OTHER _____

LOCATION INFORMATION:

WILL BE PLAYING FOR: ☐ NORTH ☐ SOUTH ☐ WEST
NORTH IS ANY PARTICIPANT WHO WILL ATTEND N.B.H.S. AND LIVES IN THE LELAND, BELVILLE & NAVASSA AREA.

SOUTH IS ANY PARTICIPANT WHO WILL ATTEND S.B.H.S. AND LIVES IN THE SOUTHPORT-OAK ISLAND, B.S.L, WINNABOW & TOWN CREEK AREA.

WEST IS ANY PARTICIPANT WHO WILL ATTEND W.B.H.S. AND LIVES IN THE SUPPLY, SHALLOTTE, O.I.B., WACCAMAW, CALABASH and SUNSET BEACH AREA

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE. BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above-named candidate for a position on any of the BCYSL Youth High School teams, hereby give MY/OUR approval to his/her participation in any and all BCYSL Youth Soccer activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BCYSL Youth Soccer League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BCYSL Rules of Conduct.

YOUR CHILD **MUST** PLAY FOR A TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT.

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. **NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT. (PLAYERS MAY KEEP SOCCER JERSEY)**

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the BCYSL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: DANIEL RABON/BRIAN MOORE ~ P.O. BOX 249 ~BOLIVIA, NC 28422

FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED WITH /FEE PAID & RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.)

I/WE have read the above and agree and understand the policies set forth above.

PARENT OR GUARDIAN

DATE

MAIL TO: BCP&R / ATTN: DANIEL RABON / P.O. BOX 249 / BOLIVIA, NC 28422 FAX: 910-253-2684
FOR OFFICE USE ONLY

Fee: **\$45.00**

Cash: _____

Check: _____

Check #: _____

Date: _____

Receipt: _____