



2021 Registration Form

Division	Under 8	Under 10	Under 12	Under 13	Under 15	Under 17	U19
Year of Birth	2013/2014	2011/2012	2009/2010	2008	2006/2007	2004/2005	2002/2003

Deadline for registration is April 30th

\$20 late fee for registration between May 1st and May 31st depending on space available

No refunds after May 31st

Forms must be completed and fees paid (or other suitable arrangement) at time of registration

Player Name _____ **Main Phone** _____

Birth Date (M/D/Y) _____ **Age on January 1, 2021** _____

Parent/Guardian First Name _____ **Contact #** _____

Parent/Guardian Last Name _____ **Cell #** _____ **Work** _____

Address _____

E-Mail Address: _____

Nova Scotia Health Card: _____

Allergies/Medical Conditions/Concerns: _____

Medic Alert Bracelet Yes _____ No _____

Travel Requirements: _____

**this is required to ensure that the child will be able to make it to games, not social reasons unless medically necessary*

Fees

	1st Child	Each Additional Child
U8	100	80
U10	100	80
U12	110	90
U13	110	90
U15	110	90
U17	110	90
U19	110	90

I am available to volunteer: YES NO **I am able to coach:** YES NO

Any questions or concerns regarding registration, please e-mail barringtonareasoccer@outlook.com

By signing below, I understand and accept that BASA reserves the right to place players on teams and/or move players as deemed necessary by the BASA Board Group. My Child/Ward will be accompanied by an adult during all practices and games. I understand that a child not following the Fair Play Rules will be disciplined as follows:

- First Offence:** Verbal Warning with player, coach and parent/guardian present
- Second Offence:** After discussion with player, coach and parent/guardian - player will serve a one game suspension
- Third Offence:** A written warning will be issued to the parent/guardian as record that the player will serve out a season suspension

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

NO CHILD WILL BE DENIED THE OPPORTUNITY TO PLAY SOCCER BECAUSE OF FINANCIAL REASONS.

For More Information Contact: Anna Kenney - Barrington Recreation Department 902-637-2903
Adam Dedrick - Shelburne Recreation Department 902-875-3544 ext 225
Holly Rolland - BASA President barringtonareasoccer@outlook.com

AMATEUR ATHLETE WAIVER AND RELEASE OF LIABILITY AND PLAYER AGREEMENT TO ABIDE BY SOCCER NOVA SCOTIA AND CLUB RULES, REGULATIONS, AND CODES.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Barrington Area Soccer Association and Soccer Nova Scotia, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I also agree to abide by the rules and regulations of both Soccer Nova Scotia and the Barrington Area Soccer Association at all times.

I agree to represent the Barrington Area Soccer Association by showing respect for my teammates, coaches, and officials at all times.

I have read this release of liability and assumption of risk agreement, and agree to abide by the rules and regulations of both Soccer Nova Scotia and the Club, and fully understand it's terms. I understand that I have given up substantial rights by signing this, and have signed it freely and voluntarily without any inducement.

If 18 or over at the time of registration

Participant Signature _____

Witness _____

Date _____

For Participants of minority age (under 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for _____ do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and the next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Parent/Guardian Signature _____

Witness _____

Date _____