

# Bola Women's Outdoor Soccer League Registration

## BOLA SOCCER

- Fall Competitive \_\_\_\_\_
- Spring Recreational \_\_\_\_\_
- Summer \_\_\_\_\_

Make check payable **BOLA**

Mail to **5 Day Star Ct.  
Baltimore, MD. 21206**

Any questions please call 443-250-8391

- Please fill out the application completely
- Mail form back
- All forms and fees must be received to be assigned
- Only one (1) person per form

**Fees \$55.00**

**If past deadline due date add \$2.00 to fee**

**Deadline dates are as follows:**

**FEES ARE NON-REFUNDABLE**

Fall Deadline – **August 20th**

Spring Deadline – **March 1st**

Summer Deadline – **May 15th**

*Please Print:*

**Player's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Day Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

I am coming as an individual \_\_\_\_\_ I am coming as a part of Team (team name) \_\_\_\_\_

I would to play on same team as \_\_\_\_\_

**Soccer Experience** HS \_\_\_\_\_ Club \_\_\_\_\_ College \_\_\_\_\_ Division \_\_\_\_\_ Other \_\_\_\_\_

**Field Positions you can play** \_\_\_\_\_

I am in good health & have no physical impairment restricting myself from participating in the sport of soccer.

In consideration of the possible injuries that could incur in this program, I hereby release the , BOLA administrators, coaches, officers, volunteers and staff of BOLA Soccer and the Field Facility from any and all liability for any injury or damage whatsoever arising from any participation in this program.

Parents signature if under 18 Signature \_\_\_\_\_

For League use only: Amount Paid \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_\_ Received by \_\_\_\_\_