

# Bola Women's Outdoor Soccer League Registration

## BOLA SOCCER

- Fall HS league \_\_\_\_\_
- Spring Shirt Size \_\_\_\_\_
- Summer \_\_\_\_\_
- League play on Monday overflow games Tuesday if needed.

Make check payable **BOLA**  
 Mail to **5 Day Star Court**  
**Baltimore, MD. 21206**

Any questions please call **410-866-8911**

- 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) CUBS

I want 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 \_\_\_\_\_