BASC Select Team Registration Form (U9 to U19)

All Select teams (new and returning) must submit a new form each fall season. For the spring season any returning Select team having roster changes must submit a revised form. All Select Forms (new and/or revised) must be submitted prior to the close of Normal Registration of the upcoming season. Changes may be made after the close of normal registration by submitting a revised form with changes listed. Coaches are responsible for ensuring players listed register with the club. Players not listed on a submitted form will be dropped and/or not added to the team. Submit forms to the BASC office or via email to cherish@basoccer.club.

BASC use only

Rcvd	Completed
	# of Players

Team Name: _____ **Gender:** Boys Girls

Head Coach: _____ **Team Age Division:** _____

Home Phone: _____ **Mobile Phone:** _____

Email Address: _____ **Prefer Contact Via:** Home Phone Mobile Phone Email

Import Information: *The Parent (or Guardian) of each player must sign the form below. Formation of Select teams will not be considered without full completion of this form. Requests to play up must also be indicated and accompanied by a Play-Up Form unless already on file with BASC.*
BASC maximum *players per team are: U9/10 (11), U11/12 (14), U13/U14 (18), U15 to U19 (18) without exception.*

Player #1 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #2 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #3 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #4 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #5 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #6 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #7 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #8 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #9 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

Player #10 Name: _____ **DOB:** _____ **Check box to request to play up:** ☐
Parent Name: _____ **Parent Signature:** _____

BASC Select Team Registration Form - Continued (*Fill in Team and Coach below)*

Team Name: _____ **Coach Name:** _____

Player #11 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #12 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #13 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #14 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #15 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #16 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #17 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #18 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #19 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #20 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #21 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	
Player #22 Name:	**DOB:**	**Check box to request to play up:** ☐
Parent Name:	**Parent Signature:**	

Coaches Comments/Notes: