



EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION, INC. PARTICIPANT REGISTRATION FORM



CHECK ONE:

TRAVEL RECREATIONAL

CHECK ONE:

PLAYER HEAD COACH ASSISTANT COACH ADMINISTRATOR TEAM PARENT/MANAGER

CHECK ONE:

NEW EPYSA REGISTRANT RETURNING EPYSA REGISTRANT LEAGUE

CLUB TEAM AGE DIVISION U-

PLAYER I.D.# MALE FEMALE

FIRST NAME LAST NAME

ADDRESS

CITY STATE ZIP CODE

BIRTH DATE PLAYER E-MAIL ADDRESS

PARENT(S) / GUARDIAN(S) NAME(S) PLEASE PRINT

E-MAIL ADDRESS(ES)

HOME PHONE WORK OR CELL PHONE

Release Statement

NOTE: This Statement MUST be signed by Parent/Guardian for Minor Player; an Adult Player for him/herself; Coach for him/herself; and Administrator for him/herself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the EPYSA, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize.

PARENT/GUARDIAN OR ADULT SIGNATURE DATE