

EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION, INC. PARTICIPANT REGISTRATION FORM



Instructions for filling out this form: Print out a copy of this form. Fill it out completely and make sure it is signed by appropriate Parents(s)/Guardian(s).

CHECK ONE: TRAVEL RECREATIONAL	
CHECK ONE: PLAYER HEAD COACH ASSISTANT COACH ADMINISTRATO	DR TEAM PARENT/MANAGER
LEAGUE CLUB	
TEAM AGE DIV. U	
FIRST NAME LAST NAME	
ADDRESS	
CITY STATE ZIP CODE	
TOWNSHIP/ BOROUGHCOUNTY	
BIRTH DATE MM DD DYYY	
HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER US YOUTH SOCCER STATE ORGANIZATION IN THE 20	19-2020 SOCCER YEAR? YES NO
IF YOU SELECTED YES TO THE PREVIOUS QUESTION, THE PLAYERS IS CONSIDERED A TRANSFER. YOU MUST PROV ABOUT THE PLAYER'S ID ON THE PREVIOUS 2019-2020 TEAM: STATE ASSOCIATION:	
OUT OF STATE PLAYER ID DOES THE PLAYER HAVE AN AUTHORIZED AND CO TEAM APPROVED BY THE PREVIOUS US YOUTH SOCCER STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED?	Superior Statement Stateme
PARENT(S)/GUARDIAN(S) NAME(S)	
E-MAIL ADDRESS(ES)	
HOME PHONE WORK OR CELL PHONE	
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 registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of Eastern Pennsylvania Youth Soccer, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Eastern Pennsylvania Youth Soccer accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify Eastern Pennsylvania Youth Soccer, 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 - -