EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION, INC.

PARTICIPANT REGISTRATION FORM

RG-6

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 Parent(s)/Guardian(s). Mail completed form to the League Registrar.*

CHECK ONE: ☐ TRAVEL ☐ RECREATIONAL

CHECK ONE:

☐ PLAYER ☐ HEAD COACH ☐ ASSISTANT COACH ☐ ADMINISTRATOR ☐ TEAM PARENT/MANAGER

LEAGUE: **TOP Soccer** CLUB: **Lehigh Valley TOPSoccer Club**

TEAM AGE DIV. U- **NOT APPLICABLE**

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TOWNSHIP/BOROUGH _____ COUNTY _____

BIRTH DATE ☐☐-☐☐-☐☐ (M M D D Y Y) ☐ MALE ☐ FEMALE

HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER USYS ORGANIZATION IN THE **2008-09** SOCCER YEAR? ☐ YES ☐ NO

IF YOU SELECTED YES TO THE PREVIOUS QUESTION, THE PLAYER IS CONSIDERED A TRANSFER. YOU MUST PROVIDE THE FOLLOWING INFORMATION ABOUT THE PLAYER'S ID ON THE PREVIOUS **2008-09** TEAM: STATE ASSOCIATION: _____

OUT-OF-STATE PLAYER ID _____ DOES THE PLAYER HAVE AN AUTHORIZED AND COMPLETED RELEASE DOCUMENT FROM HIS/HER TEAM APPROVED BY THE PREVIOUS USYS STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED? ☐ YES ☐ NO

PREVIOUS TEAM DID COMPETE IN A **2008-09** STATE CUP COMPETITION ☐ YES ☐ NO

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 ☐☐–☐☐–☐☐ (M M – D D – Y Y)