



Eastern Pennsylvania Youth Soccer Association Participant Registration Form

PLAYER COACH ADMINISTRATOR

CHECK ONE:

TRAVEL

INTRAMURAL

CHECK ONE:

NEW EPYSA REGISTRANT

RETURNING REGISTRANT

CHECK ONE:

PLAYER

COACH

ADMINISTRATOR

LEAGUE _____

CLUB NAME _____

AGE DIVISION U.- _____

I.D.# _____ LAST NAME _____ FIRST NAME _____
Social Security #

ADDRESS _____ TELEPHONE (____) _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE SEX: M F PARENT/GUARDIAN NAME _____
M M D D Y Y

COACHING LICENSE _____ ADMINISTRATOR'S TITLE _____

ADMINISTRATOR'S COMMITTEE _____

Release Statement

NOTE: The Statement should be signed by parent/guardian for minor player; an adult player for himself; coach for himself; and administrator for himself.

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, 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 the 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

Eastern Pennsylvania Youth Soccer Association

Two Village Road, #3 • Horsham, PA 19044 • (215) 657-7727

affiliated with United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

Distribution: EPYSA - White CLUB LEAGUE - Canary