Eastern Pennsylvania Youth Soccer Association
PARTICIPANT REGISTRATION FORM

CHECK ONE: ☐ TRAVEL ☐ INTRAMURAL

CHECK ONE: ☐ NEW EPYSAREGISTRANT ☐ RETURNING REGISTRANT

CHECK ONE: ☐ PLAYER ☐ COACH ☐ ADMINISTRATOR

LEAGUE _____

CLUB NAME _____

AGE DIVISION U- _____

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

(Social Security #)

ADDRESS _____

CITY_____ STATE _____ ZIP _____

TELEPHONE- work (_____) _____ home (_____) _____ fax (_____) _____

e-mail Address: _____

BIRTH DATE:___ ___ ___ ___ ___ ___ (M M D D Y Y) SEX: ☐ M ☐ F PARENT/GUARDIAN NAME _____

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• www.epvsa.org/

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