



# EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION, INC. PARTICIPANT REGISTRATION FORM

## RG-6

2016-2017  
Seasonal Year

*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 \_\_\_\_\_ CLUB \_\_\_\_\_

TEAM AGE DIV. U- \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TOWNSHIP/BOROUGH \_\_\_\_\_ COUNTY \_\_\_\_\_

BIRTH DATE      -   -       MALE     FEMALE  
M   M     D   D     Y   Y

HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER US YOUTH SOCCER ORGANIZATION IN THE 2016-2017 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 2016-17 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 US YOUTH SOCCER STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED?     YES     NO

PREVIOUS TEAM **DID** COMPETE IN A 2016-17 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 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   -   -    
M   M     D   D     Y   Y