EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.

PARTICIPANT REGISTRATION FORM

RG-6

Check One:

☐ TRAVEL ☐ RECREATIONAL

Check One:

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

Check One:

☐ New EPYSA Registrant ☐ Returning EPYSA Registrant

League _____

Club _____ Team Age Division U - ☐☐

Player I.D. # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Male ☐ Female

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code ☐☐☐☐☐

Birth Date ☐☐ – ☐☐ – ☐☐ (M M – D D – Y Y) Player E-mail Address _____

Parent(s)/Guardian(s) Names _____
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 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 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.epysa.org
Affiliated with United States Soccer Federation (USSF) and Federation International de Football Association (FIFA)