



Earlham Soccer Club

Registration Form

U ___ Reg Fee ___
Reg Dt ___
Club use only

Player's Last Name _____ First Name _____ M.I. _____ Birthdate _____ Gender _____ Home Phone _____

Address: _____ City: _____ Zip: _____ School / Grade _____

Father: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

Father Email: _____ Mother's email: _____ Mother's DOB(MM/DD): _____

Mother: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

Alt Emergency Contact(not parents): _____ EC Relation: _____ EC Home Ph: _____

Doctor: _____ Dr's Ph: _____ EC Cell Ph: _____

Medical Conditions: _____

Player history: Returning ___ Last season played _____ New Player ___ Transfer Player ___ (town) _____

If there is an opportunity to play on an all girls/boys team (U10/U12 only), would you be interested? Yes ___ No ___

**The Earlham Soccer Club is run by, and dependent upon volunteers.
Please select below how you can help this season.**

Father will help with:

Coach ___ Asst Coach ___ Referee ___ Field setup(1 Day) ___ Soccer Board ___ Team Parent ___

Mother will help with:

Coach ___ Asst Coach ___ Referee ___ Field setup(1 Day) ___ Soccer Board ___ Team Parent ___

*** Coaches need to submit a Volunteer Disclosure form online.**

If you are volunteering to coach, please list size for coach's shirt _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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 (Please print name) _____

Signature of Parent/Guardian _____ Date _____

Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant.

Signature of Parent/Guardian _____ Date _____