



Empire United Soccer Association (E.U.S.A)
(2009/2010) - Registration Form (Broome County)
www.empireunited.org

PLEASE PRINT ALL INFORMATION!

Age Group: (Office Use Only) Gender: (Circle One) M F

Last Name: First: Nickname:

Street:

City: State: Zip:

Phone: () Date of Birth: / /

Grade: Years Experience: New E.U.S.A. Player Please list primary Club (If not E.U.S.A.)

Parent's E-Mail Address:

PARENT/GUARDIAN

Last Name: First: Phone: ()

PARENT/GUARDIAN

Last Name: First: Phone: ()

MEDICAL / DOCTOR'S INFO.

Doctor: Phone: () Notes:

Emergency: Phone: () Relation:

REGISTRATION FEE: \$50.00 NON-REFUNDABLE - - (PLEASE MAKE ALL CHECKS PAYABLE TO E.U.S.A.)

NOTE: All coaches, players, parents/guardians are responsible for any fines incurred by the team they are registered with!

PERMISSION TO PARTICIPATE IN THE E.U.S.A. TRAVEL SOCCER PROGRAM

To the best of my knowledge, is in good health and has my permission to participate in the E.U.S.A. Soccer Program. I, the parent or legal guardian of the above named player, do hereby give my consent for him/her to participate in all of the soccer activities associated with the club. I do assume the entire risks and hazzards incidental to the conduct of the soccer activities, transportation to and from the activities, and I do absolve, indemnify and hold harmless the Empire United Soccer Association, it's organizers, coordinators, officers, sponsors, coaches, referees, and supervisors. I likewise release from responsibility any person transporting my child to or from soccer activities, which transportation I do hereby authorize.

MEDICAL RELEASE (Please provide Front/Back copy of current Medical Insurance Card to Coach)

Should my child become ill or sustain an injury, I authorize the designated coach to provide for medical treatment in an emergency. This would include the calling of a licensed physician for treatment, or the transportation or arrangement for transportation of the above named participant to a medical emergency room. I understand that an effort will be made to contact me in case of an emergency and that the cost, if any, for the treatment will be covered by myself or my medical insurance policy. I shall indemnify, hold free and harmless, assume liability for any costs and expenses of any kind which may have arisen or alleged to have arisen out of participation in.

Grow with the club by offering your support:

() Field Maintenance () Tournament Activities () Team Mgr. () Other:

SIGNATURE OF PARENT/GUARDIAN: DATE:

Please Include:

2 Small photos, 1 copy of Birth Certificate
Check payable to E.U.S.A. (\$50.00)

MAIL TO:

EUSA
c/o Missy Gaworecki
204 Poplar Hill Road
Binghamton, NY 13901