

Empire United Rec Fall Soccer Registration Form

2008-EUSA-KAA-REG-A

Player & Parent/Guardian Information

(Please Print All Information)

M F

Player's Name: (LAST, FIRST) _____

Date of Birth: (MM/DD/YYYY) _____

Sex

AGE: _____

Parent's/Guardian's Name _____

School Grade: (As of FALL) _____

() _____

() _____

YES - NO (Circle One) _____

Home Phone _____

Work Phone _____

New EUSA/KAA Player? _____

Years Experience _____

Home Address _____

Doctor's Name: _____

() _____

City, ST ZIP Code _____

Doctor's Phone: _____

EMAIL ADDRESS: _____

KNOWN Allergies: _____

UNIFORM SIZE: _____

Alternative Emergency Contacts

Primary Emergency Contact _____

Secondary Emergency Contact _____

() _____

() _____

() _____

() _____

Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

Permission to Participate in EUSA/KAA Soccer Program

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

SIGNATURE OF PARENT OR GUARDIAN: _____

Office Use

Registration Fee= \$35 (Checks Payable to EUSA) – (Registration is non-refundable!)

PAID: Y / N

AMOUNT: _____

CHECK#: _____

INIT: _____

VOLUNTEER TO BE A COACH _____

ASST. COACH _____

**** Please mail this application, EUSA**

204 POPLAR HILL
Binghamton, NY 13901