

Empire United/KAA Rec Fall Soccer Registration Form

2009-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: (FALL 2009)

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YES - NO (Circle One)

Home Phone

Work Phone

New EUSA?

Years Experience

Home Address

Doctor's Name:

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City, ST ZIP Code

Doctor's Phone:

EMAIL ADDRESS: _____

KNOWN Allergies: _____

UNIFORM SIZE: _____

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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()

()

()

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 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, 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 c/o Missy Gaworecki**

204 Poplar Hill Road
Binghamton, NY 13901