

Age Level:

East Select Soccer

For Club Use Only:

"Competitive Soccer for East Players"

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Sex (M/F): _____ School: _____

Parent Name: _____ Day Ph: _____ Eve. Ph: _____

Parent Name: _____ Day Ph: _____ Eve. Ph: _____

Email Address: _____ Other emergency #'s: (cell, pager) _____

League _____ Team _____

Jersey Size (Circle One): Adult: S M L XL Youth: S M L Shorts: Adults: S M L XL YS YL

What team/club did your son/daughter play for last season:

****MEDICAL INFORMATION & CONSENT****

Alternate contact in an emergency: _____ Phone: _____

Doctor: _____ Clinic: _____ Phone: _____

Hospital Preference: _____

Medical Insurance: _____

Dentist: _____ Office: _____ Phone: _____

Dental Insurance: _____

AGREEMENT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), the Minnesota Youth Soccer Association (MYSA), East Select Soccer Inc. (ESS), and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, the MYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, MYSA, ESS, and 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.

MEDICAL RELEASE: As the parent or legal guardian of a participant in the USYSA/MYSA/ESS programs, I give consent for emergency medical care 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 dependent.

Parent/Legal Guardian: (please print) _____

Date: _____ Signature: _____

****PREVIOUS EXPERIENCE AND VOLUNTEER OPPORTUNITIES****

We are asking for active participation in the program. Please the area(s) in which you are willing to help:

- Fundraising Equipment Team Manager Board Member Field Maintenance Referee Tournament Other _____