



East Select Soccer

YDP - Registration

Please circle which camp you would like to register for:
Make Checks out to: East Select Soccer (YDP)

Option I
Evening Skills Camp

Option II
Day Skills Camp

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Birth Date: _____ Age: _____ Gender M F School: _____

Parent Name _____ Day Ph: _____ Cell Phone: _____

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

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

****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: _____

Parent/Legal Guardian: (please print) _____

Date: _____ Signature: _____

www.duluth.com/eastsoccer

****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 _____