



Registration

Fall – Deadline July 1
 Spring – Deadline Feb 1

Spring 2008 Fall 2008

www.ephratasoccer.com

Contact Betty Heyett, Registrar bettyc21@ptd.net 859-3937

Player Name _____ Birthdate _____
First MI Last
SS# _____ Sex M F
Address _____ School _____ Grade _____

Town _____, PA Zip _____

Phone Number _____ Cell Number _____
Experience
Email _____ New Player Years Experience _____

Dad's Name _____ Mom's Name _____
Dad will Help _____ Mom Help _____
How _____ How _____

Insurance Company _____ Policy # _____

Doctor: _____ Phone# _____

Emergency Contact: _____ Phone # _____

Comments/Allergies/Medications _____

Special Request _____

We can not guarantee your request. Players wishing to play up must declare here. Aug birthdays may play up with their grade.

Release:
I, the parent or legal guardian of the registrant, a minor, or adult of legal age, agree that I and the registrant will abide by the rules of the Ephrata Youth Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of EYSC accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify EYSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields, and facilities utilized by the EYSC, against any claim by or on behalf of the registrant as a result of the registrant's participation in the EYSC, and/or being transported to or from the same, which transportation I hereby authorize.

In the event of my absence, the above-named player may be admitted to any hospital or medical facility for diagnostic and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine, or Doctors of Dentistry or such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee of the results examination or treatment. I authorize the hospital or medical facility to dispose of specimens or tissue taken from the above named player.

Signature of Parent or Guardian

Date

Player Age Group U-Age = Age as of 7/31/04 +1
Example 6 as of 7/31 +1 = Under 7 for fall and spring

Under- 06 Fee \$40 (Typically K)
Under- 07 to U-8 Fee \$50 (Typically Grade 1 through Grade 2)
Under 9 to U-19 Fee \$65 (Typically Grade 3 through Grade 12)

\$20 Late Registration Fee if received after the deadline.
Larger Family Discount - After paying full price for the 2 oldest players in the family, additional players in the family may be registered at \$15 per player. All large family discounts should be sent in at one time.

Checks Payable to EYSC
Mail to: **Betty Heydt, Registrar**
Ephrata Youth Soccer Club
PO Box 7
Ephrata, PA 17522

Registrations must be postmarked by deadline. Team sizes will not be increased late registrations. Late registrants are on a team, however, if spaces are on a first come first serve basis.