

East Lyme Soccer Association

2009 High School Summer Registration & Medical Release Form

Visit our web site: www.eastlymesoccer.org

Player's Name: (Last) _____ (First) _____ (M.I.) _____
(Please Print)

Address: _____ Town: _____ State: CT Zip: _____

Home Phone: (860) _____ M or F Date of Birth: _____
(Circle one)

Grade in Fall 2009: _____ Player Email Address: _____

Parent/Guardian Name(s) _____
(Please Print)

Parent(s) Email Address: _____ Cell Phone _____

Medical Insurance Coverage?: Yes No Played with ELSA in 2008-09 season?: Yes No

T-Shirt Size: _____ Small _____ Medium _____ Large _____ Extra Large

Emergency Contact (NOT Parent/Guardian): _____ Phone: (860) _____

Known allergies or other pertinent information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (Programs), I hereby release, discharge and/or otherwise indemnify USYS/USS, 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's participation in the Programs and/or being transported to or from the same, which transportation, I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participation in the Programs.

Therefore, I grant EAST LYME SOCCER ASSOCIATION COACHES and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

X _____ Date: _____
(Parent/Guardian Signature)

2009 REGISTRATION FEE: \$30.00

Make Checks payable to: **ELSA**
Mail to: **E.L.S.A., P.O. Box 448, E. Lyme, CT 06333**