



2010 – 2011
East Lyme Soccer Association
Grade 3-8 Registration & Medical Release Form

(New players must attach a copy of their birth certificate to this registration form)

Player's Name: (Last) _____ (First) _____ Date of Birth _____
 Home Phone: _____ Cell Phone: _____ Gender (circle one): **M** **F**
 Address: _____ Town: _____ State: _____ Zip: _____
 Father/Guardian: _____ Work Phone: _____ E-mail: _____
 Mother/Guardian: _____ Work Phone: _____ E-mail: _____
 School: _____ Grade (Fall 2010): _____ Age as of 08/01/10: _____

If the birth date places your child in an age group younger than their grade, do you wish your child to play up with their grade level? (circle choice): **Yes** **No**

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

Jersey Size (circle one): **YM YL AS AM AL** Short Size (circle one): **YM YL AS AM AL**

Registration fee includes one (1) pair of socks. Please indicate size (circle one): **Y** **A**

If player already owns a XARA East Lyme jersey, please indicate number: _____

Adult volunteers are needed in order to ensure the success of the program. Please indicate areas where you would be willing to volunteer (circle as many as appropriate):

Coach Assistant Coach Referee Fundraising Team Parent Registration / Player Evaluations

Does your child have any current allergies/conditions that may limit his/her ability to participate in soccer? **Y** **N**

If 'yes', please explain: _____

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 and its COACHES 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)

2010-2011 REGISTRATION FEE SCHEDULE

Base Fee: \$125.00	\$ _____	If paying for more than one player, please list their names here: _____ _____ _____
Sibling Discount (2 nd +): subtract \$5.00	_____	
Already own a XARA East Lyme jersey: subtract \$20.00	_____	
Already own a XARA East Lyme shorts: subtract \$10.00	_____	
Extra socks (\$8.00/pair)	_____	
Total	\$ _____	
Late Fee (if mailed after May 17): \$25.00	_____	

(Note: no guarantee of being placed on a team if late)

Amount Paid: \$ _____ Check number: _____

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

Visit our WEB site: www.eastlymesoccer.org for other forms and information