



2010 – 2011

East Lyme Soccer Association

Grade K-2 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

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 Other _____

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 _____ (Parent/Guardian Signature)

Date: _____

2010-2011 REGISTRATION FEE SCHEDULE

Base Fee: \$75.00 \$ _____
Sibling Discount (2nd +): subtract \$5.00 _____
Total \$ _____
Late Fee (if mailed after June 30): \$15.00 _____
Amount Paid: \$ _____

If paying for more than one player, please list their names here: _____
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