



EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.
PARTICIPANT REGISTRATION FORM

2017 2018
RG-6

*Instructions for filling out this form: Print out a copy of this form. Fill it out completely and make sure it is signed by appropriate Parents(s)/Guardian(s). **Mail completed form to the LEAGUE REGISTRAR.***

CHECK ONE: TRAVEL RECREATIONAL

CHECK ONE:

PLAYER HEAD COACH ASSISTANT COACH ADMINISTRATOR TEAM PARENT/MANAGER

LEAGUE _____ CLUB _____

TEAM AGE DIV. U- _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TOWNSHIP/ BOROUGH _____ COUNTY _____

BIRTH DATE -- MALE FEMALE
M M D D Y Y

HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER US YOUTH SOCCER STATE ORGANIZATION IN THE 2017-2018 SOCCER YEAR? YES NO

IF YOU SELECTED YES TO THE PREVIOUS QUESTION, THE PLAYERS IS CONSIDERED A TRANSFER. YOU MUST PROVIDE THE FOLLOWING INFORMATION ABOUT THE PLAYER'S ID ON THE PREVIOUS 2017-2018 TEAM: STATE ASSOCIATION: _____

OUT OF STATE PLAYER ID _____ DOES THE PLAYER HAVE AN AUTHORIZED AND COMPLETED RELEASE DOCUMENT FROM HIS/HER TEAM APPROVED BY THE PREVIOUS US YOUTH SOCCER STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED? YES NO

PARENT(S)/GUARDIAN(S) NAME(S) _____

E-MAIL ADDRESS(ES) _____

HOME PHONE _____ WORK OR CELL PHONE _____

NOTE: This statement MUST be signed by Parent/Guardian for Minor Player; an Adult Player for him/herself; Coach for him/herself; and Administrator for him/herself.

I, the parent/guardian of registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of Eastern Pennsylvania Youth Soccer, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Eastern Pennsylvania Youth Soccer accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify Eastern Pennsylvania Youth Soccer, 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 registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize

PARENT/GUARDIAN OR ADULT SIGNATURE _____ DATE --
M M D D Y Y

**RG-6 REVISED
MARCH 2017**



EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.
PLAYER STATUS FORM

PS-1

Revised November 2012

Name (Print) _____ ID Number _____
Address _____ Date of Birth ___/___/___ Phone () _____
City _____ State _____ ZIP _____
SIGNATURE – Player _____ Date ____/____/____
SIGNATURE – Parent _____ Date ____/____/____

ADDITION – New player, not previously registered this seasonal year (Sept. 1 to Aug. 31)
or EPYSA Direct Player joining a league team. **Must surrender Direct Pass to League Registrar.**
New Team ID _____ New Team Name _____ League _____

RELEASE – Player is removed or released from roster. Pass is returned to League Registrar unless moving on as a Transfer.
Present Team ID _____ Present Team Name _____ League _____

TRANSFER – Already Registered Player is moving to a new team during seasonal year (**Release must first be obtained**).
Maximum cumulative total of **5 (five)** Transfer Players per team per seasonal year.
New Team ID _____ New Team Name _____ League _____

SECONDARY – A Secondary Player pass is good only in the league where it is issued and for the team listed. It is not to be used for tournament or cup play. The player's first obligation is to the Primary Team. If a player should wish to become a Primary Player on a team where he/she has been Secondary, he/she must first Release from the Secondary team and then Transfer to that team as Primary following the standard Transfer procedure.
Secondary Team ID _____ Secondary Team Name _____ Secondary League _____
Primary Team ID _____ Primary Team Name _____ Primary League _____

Permission for Team to Participate in League Outside of EPYSA Boundaries
 Permission for Team Residing Outside of EPYSA Boundaries to Participate in League Inside of EPYSA Boundaries
Present Team ID _____ Present Team Name _____
Age Division _____ League _____
SIGNATURE - Team Official _____ Date ____/____/____
SIGNATURE - EPYSA Official _____ Date ____/____/____
Name of other State Association _____
SIGNATURE - Other State Official _____ Date ____/____/____

EPYSA
REGISTRAR
STAMP HERE

OTHER STATE
ASSOCIATION
STAMP HERE

YOUTH PARTICIPATION IN SENIOR GAMES – Youth player retains youth status while participating in senior games.
The original page of this form will serve as a player pass for participation in senior games.
Youth Team ID _____ Youth Team Name _____
Age Division _____ League _____
SIGNATURE - Youth Team Official _____ Date _____
SIGNATURE - Youth State Registrar _____ Date* _____
Senior Team Name _____
Senior League _____
SIGNATURE - Senior Team Official _____ Date _____
SIGNATURE - Senior League Registrar _____ Date* _____

YOUTH STATE
REGISTRAR
STAMP HERE

SENIOR
STATE
REGISTRAR
STAMP HERE



INFORMED CONSENT & MEDICAL RELEASE

PLEASE PRINT NEATLY

Player's Name _____ Birthdate _____

Known Medical Conditions _____

I hereby give permission for my child listed above to participate in the sport of soccer with the Hanover Soccer Club. I also give my consent for any and all necessary medical attention to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the person (s) listed below, until such time as I may be contacted. I also assume responsibility for payment of any such treatment.

In the event I cannot be reached, the following person (s) are so designated:

Name: _____	Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Physician: _____	Phone: _____
Address: _____	_____
Insurance Company: _____	Policy # _____

My child and I are aware that participation in soccer is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effect of weather, traffic and other reasonable risk conditions associated with this sport. All such risks to my child are known and understood by me.

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Cell Phone: _____
E-Mail: _____	or _____

I understand this informed consent and medical release form and agree to these conditions on behalf of my child.

Signature _____ Date: _____

Coaches must have this form in their possession at all practices and games. A copy of this form is needed for each child participating in the Hanover Soccer Club.