



2016 Registration Form Boys and Girls SOCCER

REGISTRATION DEADLINE IS THURSDAY, AUGUST 18, 2015.
Uniforms and team choices are not guaranteed for late registrants.

Please Print

Player Name: _____ Birth Date: _____

Address: _____
Street City State Zip

Gender (circle): M F Age Division: 4-5 6-7 8-9 10-14
(Must be age 4 by Sept. 1, 2016, must not be over age 14 by Sept. 1, 2016)

Shirt size: Youth Small _____ Youth Medium _____ Youth Large _____
 Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____

Parent/Guardian Name(s): _____

Phone: (Primary) _____ (Secondary) _____ (Third) _____

Parent's email address: _____

Please try to place my child on the same team s/he was on last year: Yes No Did Not Play

EDGEWOOD SOCCER IS RUN BY VOLUNTEERS!

Take an active role by volunteering for one of the following positions:

Coach: _____ (provide shirt size) **Assistant Coach:** _____ **Field Crew:** _____

Soccer Information:

- Coaches pick the practice nights. Special requests such as placement on a team with friends or siblings should be noted here: _____
- Registration forms and fees must be received by the office by **Thursday, August 18, 2016.**
- Coaches will be meeting to assign teams on **Thursday, August 18, 2016 at 7pm** in Council Chambers at the Borough Building.
- After Team Assignment, you have until **Thursday, August 25** to request to change your team if there is a conflict with your practice schedule.
- T-Shirts will be ordered on **Thursday, August 25.** Anyone registering after this date will not receive a t-shirt.
- First Game: Saturday, September 10, 2016
- Last Game: Saturday, October 28, 2016 (weather permitting)

Make checks payable to Edgewood Borough
Fee: \$60.00

Return to: Recreation
2 Race Street
Edgewood, PA 15218

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Please be advised that pets, at either practices or games, are not permitted at Koenig Field, on the track, tennis courts, or anywhere else. If you bring a pet, you will be asked to remove the animal from the premises.

MEDICAL INFORMATION

Doctor _____ Phone _____ Ins. Co _____

Address _____ Policy No. _____

Does this child have any medical considerations? _____

Two alternative emergency contacts (not parents' cell numbers)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

I/We the parent/guardians of the above-named player, hereby give my/our permission to participate in any and all soccer activities, including transportation to and from the activities. I/We further certify that the player is of the age represented on this form, and has health/accident insurance as indicated on this form. MEDICAL: I, the undersigned, as parent/guardian of the above-mentioned applicant do hereby give my permission and approval to the applicant's participation in all the Edgewood Soccer activities during the Fall, 2014 season. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release, and absolve the organizers, board members, helping parents, sponsors, supervisors, referees, coaches and participants from any claim arising out of injury to the applicant, my son or daughter or ward.

Parent/Guardian Name (print) Parent/Guardian Signature Date

Edgewood Soccer does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, or religious preference.

I/We the parents/guardian of the above-named candidate for a position on an Edgewood team hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Edgewood, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising from an injury to my/our child, whether the result of negligence or from any other cause, except to the extent of the amount covered by accident and liability insurance. I/We understand that the insurance carried by the league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when issued except for normal wear and tear.

Parent/Guardian Signature _____ Date _____