



ERIE YOUTH SOCCER ASSOCIATION
 3718 West Lake Road * ERIE, PA 16505
 (814) 835-2185 * www.erieyouthsoccer.org

PLAYER NAME: _____ BOY GIRL
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PARENT/GUARDIAN NAME: _____ PHONE: () _____
 EMAIL ADDRESS: _____
 RETURNING PLAYER: NEW PLAYER: *Proof of age required for new players*

DATE OF BIRTH:
 Month _____ Day _____ Year _____ Age as of Sept 1st _____

TEAM ASSIGNMENTS:
 6-A-SIDE TEAMS 5/6 YEAR OLD BOYS/GIRLS, 7/8 YEAR OLD BOYS/GIRLS, 15/16 YEAR OLD GIRLS
 8-A-SIDE TEAMS 9/10 YEAR OLD BOYS/GIRLS
 FULL SIZE TEAMS 11/12 YEAR OLD GIRLS, 11/12 YEAR OLD BOYS
 13/14 YEAR OLD GIRLS, 13/14/15 YEAR OLD BOYS
Players will be assigned to a team based on their age as of Sept 1st

AREA PLACEMENT:
 I wish to play in EYSA Area # _____ (See map on back of form or on the website)
If no area is selected, EYSA will assign the player to the area for the address provided above

PLACEMENT REQUEST: (One per player and no guarantees) _____

SHIRT SIZE:
 Youth: Medium _____ Large _____
 Adult: Small _____ Medium _____ Large _____ X Large _____ XX Large _____

VOLUNTEER OPPORTUNITIES: Does any member of your family have any interest in any of the following opportunities?
 Area Director _____ Head Coach _____ Assistant Coach _____ Coach Shirt Size _____
 Name of interested individual _____ Phone _____

SPONSORSHIP OPPORTUNITIES: Does any member of your family have any interest in sponsoring a team?
 Business Name _____
 Address _____
 Contact Name _____ Phone _____

The family of this player agrees to abide by the Civil Behavior Policy of the EYSA. Ejection from the program can result from failure to comply. The policy is available on our website.

Waiver of Liability

I understand that there are risks associated with my child's participation in the Erie Youth Soccer Association. I hereby acknowledge that I am assuming these risks on behalf of my child, and accepting personal responsibility for any injury sustained by my child while said child participates in the sporting programs sponsored by the Erie Youth Soccer Association. I further agree on behalf of my child to release, waive, discharge and covenant not to sue the Erie Youth Soccer Association and any person associated with such organization, those individuals being its officers, managers, directors, coaches, referees or sponsors, should my child sustain an injury while participating in said program. I further agree that my child will abide by all specified rules and regulations of the association and that my child will not engage in reckless behavior. By signing this registration form, I give my child permission to participate in all events sponsored by the Erie Youth Soccer Association. I acknowledge that all information enter is true.

Note: EYSA DOES NOT MAINTAIN MEDICAL INSURANCE FOR INJURIES SUSTAINED BY ANY PARTICIPANT.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

_____ Date _____ Parent/Guardian Signature

Checks payable to Erie Youth Soccer Association \$35 Per Player \$10 Late Fee after March 15th, placement not guaranteed

The Association has the right to charge a \$20 returned check fee for a check returned by the bank for any reason. Refund Policy: Full refund to May 1st, no refund after May 1st.

----- BELOW THIS LINE FOR EYSA USE ONLY -----

Registration received by _____ Total amount received _____ Cash _____ Check # _____
 Number of registrations in household _____ Proof of age presented Yes / No _____