



Eastern Pennsylvania Youth Soccer Association (EPYSA)

Towanda Area Youth Soccer Association (TAYSA)

Joint Participant Registration Form for Fall 2017 season

(August 1, 2017 thru July 31, 2018)

Please complete one registration form per household:

FAMILY LAST NAME: _____

PARENTS: _____ HOME PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

MOM CELL: _____ DAD CELL: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

Please place a circle for child's gender if there is medical information (allergy)/condition to convey. Please use the blank space below to provide detailed information.

Registration fee includes: Secondary Insurance and miscellaneous team and field equipment and supplies **All players must have and wear shin guards and socks to be worn over the shin guards at all practices and games.** Black shorts and socks are recommended beyond 7 years of age. TAYSA will provide a jersey. Sizes are YS(youth small), YM(youth medium), YL(youth large),AS(adult small),AM(adult medium),AL(adult large)

(Please list oldest to youngest)

PLAYER 1: LAST NAME, FIRST NAME **Date of Birth** **Gender** **Jersey size** **# of yrs played**

_____ _____ M/F _____ _____

PLAYER 2:

_____ _____ M / F _____ _____

PLAYER 3:

_____ _____ M / F _____ _____

PLAYER 4:

_____ _____ M / F _____ _____

Registration forms must be accompanied by payment to be completed.

Completed registration forms may be mailed to: TAYSA, PO Box 83, Towanda, PA 18848.

Please NOTE

Registrations received – after June 4th – will have an additional \$40.00 per player late fee (and may result in child being “wait listed”) as teams will be in place.

For a successful program, we always need assistance: In the blank afterward; please indicate the age/gender group. I/We would like to volunteer to:

Coach _____ Asst. Coach _____

Coach Helper _____ General Volunteer _____

TAYSA expects all players to participate in the only fundraiser – Tag Day. The dates and time will be announced later, but completion of the below and payment provides the opportunity to **“opt out”** of Tag Day.

	Price	Quantity	Total
Fall 2015 Registration	\$35.00		
Late Fee(if after 6/4th)	\$40.00/player		
Family Rate	\$70.00		
Donation			
Total	\$		

PLEASE MAKE CHECKS PAYABLE TO: TAYSA

**** In this area, please provide any / all medical information and/or suggestions, comments, or request**** *(Please note attempts will be made to consider all input received, but no guarantees are implied or guaranteed)*

Combined EPYSA Release Statement and TAYSA Release of Liability Statement

I, the parent/guardian of the registrant, or adult registrant of legal age, agree that I and the registrant will abide by the rules of EPYSA and TAYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for EPYSA and TAYSA accepting the registrant for its soccer program and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify EPYSA and TAYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the program, against any claim by or on behalf of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

The undersigned parent(s) or guardian(s) of the above named participant (player) hereby approve their participation in any or all of the activities of the TAYSA during the period specified on this form. We release and hold safe and harmless the nonprofit association known as Towanda Area Youth Soccer Association and its officers, organizers, sponsors, supervisors, coaches, referees and volunteers from liability for participation in the activities of TAYSA or their transportation of the participant to and from such activities. In the event of personal injury of the participant, we waive all claims against TAYSA, and it's Officers, sponsors, supervisors, coaches, referees or volunteers. We acknowledge that it shall remain the responsibility of the parent(s) or guardian(s) of the participants to arrange, provide or pay for medical costs and/or insurance covering the cost of health care of the participant.

We certify and represent that the participant has no physical, mental, psychological or emotional conditions to the best of our Knowledge that would restrict or limit their participation in the TAYSA programs. We hereby authorize treatment by our doctor named above, or by any qualifying care practitioner if said doctor is unavailable in an emergency concerning the participant.

Parent or Guardian: _____ Date: _____

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