



Eastern Pennsylvania Youth Soccer Association (EPYSA)

Towanda Area Youth Soccer Association (TAYSA)

Joint Participant Registration Form for Fall 2018 season

(April 15th through June 30th 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 be dropped off at Riverfront Park on May 12th
during our craft show from 9am to 3pm. They may also be mailed to: TAYSA, PO
Box 83, Towanda, PA 18848.

For a successful program, we always need assistance: *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

Fall 2018 Registration (Select 1)	Price
Single Child	\$40.00
2 Children	\$75.00
Family registering 3 or more children	\$100
Total	\$

If would like to donate \$ _____ for Airport Field Completion

PLEASE MAKE CHECKS PAYABLE TO: TAYSA

Medical Information (please note any important medical conditions that your child's coach may need to know. If you are registering more than 1 child please be sure to include your child's name)

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: _____

Parent or Guardian: _____ Date: _____