

Essex Shipbuilders Athletic Association (ESAA) 2019 Fall Soccer Program/Registration/Medical Form

Player Information

Player's Name: _____ Date of Birth: _____ Gender: Male Female

Grade Entering 2019-20 School Year: _____ Name of School: _____

Shirt Size (circle one): Youth Small Youth Med. Youth Large Youth XL

Parent/Guardian Information

Name: _____ Address: _____ City: _____

Phone: _____
(include all work, home, cell #'s)

Medical/Emergency Information

In case of emergency, if I, or the family physician cannot be reached, I hereby authorize my child to be treated by certified emergency personnel (i.e. EMT, First Responder, ER Physician, etc.).

Family Physician: _____ Phone: _____

Address: _____ City: _____

Hospital Preference: _____ Insurance Co.: _____ Policy#: _____

Medical History/Information

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. diabetic, asthma, seizure disorder, allergies, etc.):

<i>Medical Diagnosis</i>	<i>Medication</i>	<i>Dosage</i>	<i>Frequency of Dosage</i>
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If medication is required, will this medication be present with the player? (*circle one*) Yes No

Does the player know how to administer his or her own medication? (*circle one*) Yes No

Date of Last Tetanus Booster: _____

Emergency Contact

Name/Relationship to Player: _____ Phone: _____
(include work, home, cell #'s)

Alternative Emergency Contact

Name/Relationship to Player: _____ Phone: _____
(include work, home, cell #'s)

Parent/Guardian Authorization

I hereby grant permission and authorize my child to participate in the ESAA fall soccer season. I understand the possibility of injury inherent to this activity and realize that all risk or injury or loss of any kind is assumed by the registrant and/or legal guardian and will hold harmless and free of responsibility both instructors and the Essex Shipbuilders Athletic Association and/or their agents and representatives for any and all losses and/or injuries sustained by the registrant. My child has had an updated physical exam by our family physician and is fully insured by medical health insurance.

Authorized Parent/Legal Guardian

Date

Essex Shipbuilders Athletic Association 2019 Fall Soccer Program

Essex Shipbuilders Athletic Association (ESAA) will be running a 6-week soccer program this fall. The program will be open to grades K - 2. The program will feature drills and games to help players develop their skills.

Cost: \$60 per player

Where: Memorial Park (behind Essex Town Hall)

When: Saturday 9am to 10am

September 14

September 21

September 28

October 5

October 12 (Columbus Day Weekend)

October 19

Please complete the following as soon as possible:

- Registration/Medical Form
- Make check payable to ESAA
- Mail form & payment to: ESAA
P.O. Box 593
Essex, MA 01929

ESAA Contacts

Tim St. Laurent: timothystlaurent@yahoo.com
Wally Mears: Wally@junglestuff.com
Jeff Soulard: jeff@soulardcpa.com