

# 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 7

September 14

September 21

September 28

October 5

October 12 (Columbus Day Weekend)

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](mailto:timothystlaurent@yahoo.com)  
Wally Mears: [Wally@junglestuff.com](mailto:Wally@junglestuff.com)  
Jeff Soulard: [jeff@soulardcpa.com](mailto:jeff@soulardcpa.com)

# 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.*

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Authorized Parent/Legal Guardian

Date