

East Side Soccer Registration Fall 2009/ Spring 2010

Only one child per form, please!

1. Player info: Last Name _____ First Name _____

Date of Birth ___ / ___ / _____ M ___ F ___

Change of address within the last 12 mo.? No ___ Yes ___

Address _____ City _____ Zip _____

Home Phone _____ Work or cell phone _____ New to ESS? Yes ___ No ___

School _____ Grade in Fall 2009 _____

Age as of 9/1/09 _____

Parent/Guardian _____

Parent/Guardian email _____

2. Select division by grade:

___ K/1 coed (age 5 by 12/1/09)

___ 2/3 grade Girls

___ 2/3 grade Boys

___ 4/5 grade Girls*

___ 4/5 grade Boys*

___ 6/7/8 grade Boys*

___ 6/7/8 grade Girls*

**team placement in 4/5 - 6/7/8*

divisions is final and based on player evaluations in order to balance teams.

3. I will volunteer to:

___ Coach in the _____ division

___ Assistant Coach in the _____ division

___ Division Coordinator for the _____ division

___ Team Parent for the _____ division

___ Fields Marking

Volunteer Name: _____

You do not need experience to coach!

We will provide clinics and training.

4. Pay registration fees:

Fee covers both fall & spring and includes one uniform (shirt, shorts & pair of socks).

If your registration is not postmarked by **July 1** please expect us to return it to you unprocessed if the correct fee is not enclosed. \$15 will be charged for returned checks.

A reduced rate is available for those in financial need (see below *). Please do not request this rate unless you otherwise cannot register. There is a limited amount of financial assistance available to qualified families in need.

► Regular Registration

First child \$95 (postmarked **after July 1**) \$ 95

Additional child (same family) \$90 \$ _____

Additional child (same family) \$90 \$ _____

Donation to ESS financial assistance program (optional & tax-deductible) \$ _____

Total \$ _____

Please make check out to "East Side Soccer"

? Early Birds Only!!!

First child \$75 (postmarked **before July 1**) \$ 75

Additional child (same family) \$70 \$ _____

Additional child (same family) \$70 \$ _____

Donation to ESS financial assistance program (optional & tax-deductible) \$ _____

Total \$ _____

Please make check out to "East Side Soccer"

5. Mail it in to:

East Side Soccer Registration
118 Julian Plaza Box 124
Syracuse, NY 13210

**** Special Financial Assistance Program Rate ****

SUBJECT TO APPROVAL BY REGISTRAR

Each child \$30 (covers uniform costs)

I certify that I require financial assistance for my child:

Signature: _____

\$30 enclosed per child _____



Player Information and Medical Release Form

Player's name: _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

In an emergency, when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

MEDICAL/Insurance INFORMATION

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical/Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy # _____ Group# _____

PARENT/GUARDIAN APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for East Side Soccer Inc accepting our registration for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify East Side Soccer, New York State West Youth Soccer Association, its affiliated organizations, and/or any of its staff (volunteer or paid), including the owner of the fields and facilities used for the program against any claim by or on behalf of the registrant.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent that in my absence, in the event of injury the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. I agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date
