



EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.
PARTICIPANT REGISTRATION FORM

RG-6

Instructions for filling out this form online: Select the text tool. Click on any blue bordered box you wish to checkmark and a checkmark will appear. Click on any grey bordered box you wish to type in and the cursor will appear – begin to type. To move to the next box, hit TAB and continue to type. When you are finished filling out the form, print it out, have the Parent/Guardian or Responsible Adult sign it and mail it to your Club Registrar if you are playing in a Travel League, otherwise send it to EPYSA at the address shown below. Click the Reset Button only if you wish to start over.

CHECK ONE: TRAVEL RECREATIONAL

CHECK ONE:
 PLAYER HEAD COACH ASSISTANT COACH ADMINISTRATOR TEAM PARENT/MANAGER

LEAGUE _____ CLUB _____ TEAM AGE DIV. U- _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TOWNSHIP/BOROUGH _____ COUNTY _____

Enter one number in each box then hit TAB to advance the cursor to the next box

BIRTH DATE - - MALE FEMALE
M M D D Y Y

HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER USYS ORGANIZATION IN THE 2006-07 SOCCER YEAR? YES NO

IF YOU SELECTED YES TO THE PREVIOUS QUESTION, THE PLAYER IS CONSIDERED A TRANSFER. YOU MUST PROVIDE THE FOLLOWING INFORMATION ABOUT THE PLAYER'S ID ON THE PREVIOUS 2006-07 TEAM: STATE ASSOCIATION: _____

OUT-OF-STATE PLAYER ID _____ DOES THE PLAYER HAVE AN AUTHORIZED AND COMPLETED RELEASE DOCUMENT FROM HIS/HER TEAM APPROVED BY THE PREVIOUS USYS STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED? YES NO

PREVIOUS TEAM DID COMPETE IN A 2006-07 STATE CUP COMPETITION YES NO

PARENT(S) / GUARDIAN(S) NAME(S) _____
PLEASE PRINT

E-MAIL ADDRESS(ES) _____

HOME PHONE _____ WORK OR CELL PHONE _____

Release Statement

NOTE: This Statement MUST be signed by Parent/Guardian for Minor Player; an Adult Player for him/herself; Coach for him/herself; and Administrator for him/herself.

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

Enter 1 number in each box below then hit TAB to advance the cursor to the next box

PARENT/GUARDIAN OR ADULT SIGNATURE _____ DATE - -
M M D D Y Y

Eastern Pennsylvania Youth Soccer Association
TWO VILLAGE ROAD, #3 • HORSHAM, PA 19044 • 215.657.7727 • www.epysa.org
AFFILIATED WITH UNITED STATES SOCCER FEDERATION (USSF) AND FEDERATION INTERNATIONALE DE FOOTBALL ASSOCIATION (FIFA)

CLICK HERE TO RESET THIS FORM & START OVER