

Recreational
Season:
Fall/Spring 10-11

*East Ridge Soccer Association
Youth Registration Form*

P.O. Box 90034 East Ridge, TN 37412

www.ersoccer.org

FEE: \$85
U4: \$75
Family Maximum:
\$195(siblings only)
Family max doesn't include
adults or select level
players. These are paid
separate from recreational
fees.

Player: Last name _____ First name _____ M.I. _____

Address _____ City _____ ST. _____ Zip _____

Gender : Male Female Player's Date of birth(DOB mm/dd/yy) ____/____/____

Father's name _____ Mother's name _____

Home phone: () _____ *Mother's DOB(mm/dd) ____/____

*(MOTHERS DAY/MONTH NEEDED TO REGISTER PLAYER)

Occupation _____ Occupation _____

E-mail _____

Work phone _____ Cell Phone _____ Work phone _____ Cell Phone _____

of seasons/years played _____ Is player currently playing select soccer or second rec. team? _____

Medical problems _____

Person to notify in emergency _____

Phone _____ Relationship _____

Doctor to notify in emergency _____ Phone _____

WE NEED YOUR HELP!! As the number of children grows at Camp Jordan, so does the need for volunteers. Please circle below the areas you can help.

Coach Asst. Coach Team Parent End of Season Cookout Commissioner

Recognizing the possibility of physical injury associated with soccer and in consideration for TSSA/USYA/ERSA and its affiliates, accepting the registrant for its soccer programs and activities to the extent not covered by insurance programs, I hereby release, discharge and/or otherwise indemnify the TSSA/USYA/ERSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to and from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs. Therefore, I grant ERSAs, officials, or coaches permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child. In the event that my child is photographed while participating in a soccer related event, I hereby grant ERSAs permission to use my child(ren's) picture for promotional purposes without any other written consent aside from this registration document.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature _____ Date _____

*Portion of refund of registration fees subject to approval.

**\$20 returned check fee in addition to bank charges

Office Use Only:

*Requests:

Application received by: _____
(Print Name)

Cash \$ _____ Receipt # _____

Check # _____ /Amount: _____

Family Max \$195: Number of Players: _____
(Please add all siblings name and age on back of form)

of Players @\$75 _____ # of Players @\$85 _____

Please remember due to large number of coaches requests; we are unable to honor all requests. We try to place each child according to their experience level to in order to make our teams as equal as possible. Thank you for your understanding and cooperation in this matter.

** A \$10 late fee will be added to all applicants for paperwork received after the last posted registration date. **