Indoor Season:2009-10
Ind. Fee: $80.00
Family Max. $200
Team: $75.00
2nd Team Fee: $60.00
(this fee is for ind. player playing on a second team 2nd team does not apply to fam. max or any other fee)

Make checks payable to CJIS

East Ridge Soccer Association
Indoor Youth Registration Form

P.O. Box 90034 East Ridge, TN 37412

www.ersoccer.org

Are you currently registered with Tennessee State Soccer Association?
Yes □ No □

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

Address: **City :** **ST.** **Zip**

Gender: □Male □ Female **Date of birth: / /**

Father's name: **Mother's name:** **Home phone: ( )**

Occupation: **Occupation:** ***Mothers bday: month day**

***(MOTHERS DAY/MONTH NEEDED TO REGISTER PLAYER)**

Email

Work phone **Cell Phone** **Work phone** **Cell Phone**

# of seasons/years played **Is player currently playing select soccer?**

Medical problems **Did you play in the Fall? If yes, where?**

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** **will assist team** **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 ERSA, 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 ERSA permission to use my child(ren's) picture for promotional purposes without any other written consent.

Parent/guardianName (print)

Parent/guardian Signature **Date**

No refunds of registration fees will be accepted after 12/15/2009.

Requests:

Make checks payable to: CJIS

$20 returned check fee in addition to bank charges~

OFFICE USE ONLY:
Application Received by:
Cash $_____ Receipt#_____
Check #_____ Amount:_____
Family max $200:Number of Players:_____
# of players at $80_____ 2nd team player @ $60 yes no
Team check #_____ @ $75 per player