

ELK RIVER SOCCER CLUB PLAYER REGISTRATION / RELEASE FORM

MAIL COMPLETE FORM AND PAYMENT TO:

REGISTRAR
P.O. Box 12166
Charleston, WV 25302

REGISTRATION FEES:
(Make Checks Payable
To ERSC)

\$60.00 Regular Registration
\$35.00 Board / Coaches Children
\$40.00 Spring Middle School / High School Registration

DATE OF BIRTH: ****

****Please provide a copy of the players' birth certificate, *if you have provided a copy previously you DO NOT need to provide another.*

PLAYER INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SEX (CIRCLE ONE) MALE FEMALE
ADDRESS	CITY	STATE	ZIP
HOME PHONE	MOBILE	EMAIL ADDRESS	YEARS OF EXPERIENCE:

PARENT/GUARDIAN INFORMATION

FATHERS NAME	PHONE	MOBILE	EMAIL
MOTHERS NAME	PHONE	MOBILE	EMAIL
EMERGENCY CONTACT	PHONE	PHYSICIAN	PHONE

ALL OF THE FOLLOWING WAIVERS/RELEASES MUST BE SIGNED AND DATED

RELEASE OF CLAIMS DUE TO INJURY

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Elk River Soccer Club (ERSC) and USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the ERSC/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the ERSC/USYSA, 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 the registrant's participation in the Programs and/or being transported to and from the same, which transportation I hereby authorize.

X _____ Date _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or legal guardian of the registrant, a minor, I hereby give my consent for emergency medical care prescribed by a duly licensed health care provider. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of said minor.

X _____ Date _____

FORMATION OF ALL GIRLS TEAMS

Whenever possible the ERSC will attempt to form ALL GIRL teams. For female players, please note your preference below:

I prefer that my daughter please on a(n): All Girls Team Co-Ed Team No Preference

VOLUNTEERS NEEDED

PLEASE CHECK ALL AREAS IN WHICH YOU WOULD BE WILLING TO ASSIST:

Coach Assistant Coach Field Maintenance Board Member Fundraising Referee