



EYSA Player Registration Form

Please Print All Information.



*Player's Last Name: _____ * First Name: _____ *MI: _____

*Name Player Goes By or Nickname: _____

*Street: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ *Sex: _____ Number of Prior Seasons Played: _____

*Birth date: _____ School: _____ Grade: _____

*Primary Guardian's Last Name: _____ *First: _____

Address (if different than above): _____

*Phone: _____ Work Phone #: _____ Cell # _____

*Email: _____ Occupation: _____

Employer: _____

*Secondary Guardian's Last Name: _____ *First: _____

Address (if different than above): _____

*Phone: _____ Cell Phone #: _____ Work # _____

*Email: _____ Occupation: _____

Employer: _____

Team on which played last season _____
(name, coach & age group)

Team or Special Request: _____

CANNOT GUARANTEE REQUESTS

Dual Registered on Division & Team _____

Doctor: _____ Phone #: _____

Medical Problems (i.e., asthma, allergies, etc.): _____

Injuries in the previous 12 months _____

Medical and/or Hospital Insurance Company _____ Phone (____) _____

Policy Holder _____ Policy # _____ Group # _____

Emergency Contact (Other than Primary/Secondary): _____ Phone #: _____

**PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM
A COPY OF BIRTH CERTIFICATE MUST BE TURNED IN TO VALIDATE AGE PRIOR TO FIRST GAME**

All fields marked with an * are required fields and *must* be filled in.

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/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 or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

(Parents Printed name)

(Parents Signature)

(Date)

Parents' Code of Conduct

- I will attempt to relieve the pressure of competition, not increase it.
- I will be kind to my child's coach and officials. The coach is a volunteer, giving of personal time and money to provide recreational activity for my child.
- I will view opponents as necessary friends; without them my child could not participate.
- I will applaud good plays by your team and the opposing team.
- I will not openly question an official's judgment and honesty. Officials are symbols of fair play, integrity, and sportsmanship.
- I will encourage my child to be gracious in victory and help turn defeat into an opportunity for improvement.
- I will remember that my child is involved for his or her enjoyment and not mine.
- I will encourage my child to play by the rules.

Parent's Initials _____

Volunteer Opportunities

I, the parent, recognize that EYSA is a volunteer run organization and am willing to do my part in the following areas. Initial: _____

- | | |
|------------------------|--|
| _____ Board Office | _____ Field Preparation (lining, nets) |
| _____ Area Rep | _____ Field Maintenance (mowing, trash detail) |
| _____ Coach/Asst Coach | _____ Registration |
| _____ Referee | _____ Fund Raising |
| _____ Team Parent | _____ Other Area: _____ |

League Player Regulations

Per Alabama Youth Soccer Association (AYSA) Rules and Regulations, a player may only register and play for one club during their commitment period. The term of this commitment is one seasonal year (Fall and Spring) for Divisions I and II, and season to season (Fall or Spring) for Divisions III and IV. I understand that my child is committed to play in EYSA, and is not playing for any other soccer league during this commitment period. If my child decides to play in another league during this commitment period I will follow the applicable AYSA transfer rules and pay EYSA the applicable fees associated with the transfer

Parent's Initials _____

INTERNAL USE

FIRST TIME
PLAYER

Y N

BIRTH CERT.

Y N

INS. CARD

Y N

DUAL REG

Y N

TOTAL FEE
COLLECTED

AMT _____

CASH _____

OR

CK # _____

FEE PAID TO
EYSA

AMT _____

FEE PAID TO
HOME CLUB

AMT _____

FEE VARIATIONS

SCH _____

OR

SIB _____

OR

COACH _____

TEAM ASSIGN

AGE GROUP

TEAM NAME

**** IF A CHILD IS PLACED ON A TEAM AND QUILTS NO REFUNDS WILL BE ISSUED**
**** SCHOLARSHIPS WILL BE AWARDED FOR THOSE THAT PROVE A FINANCIAL HARDSHIP, CONTACT REGISTRAR FOR DETAILS**
**** LATE FEES (\$10) WILL BE ADDED TO ALL PLAYERS WHO SIGN UP AFTER THE CLOSE OF REGISTRATION. TEAM AND INDIVIDUAL REGISTRATION WILL END TWO WEEKS PRIOR TO START OF FIRST GAMES. INDIVIDUAL REGISTRATION WILL CONTINUE FOR THOSE TEAMS THAT HAVE SPACES UNTIL THE THIRD WEEK OF GAME PLAY BUT LATE FEES WILL BE ADDED.**