



# Fall 2011 – Spring 2012 Registration Form

(Form for two children only. Copy form for more children.)

Eastlake Soccer Association

P.O. Box 7068. Eastlake. OH 44097-0068

PARENT Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City & ZIP \_\_\_\_\_

Please check if any of the child(ren)'s parents are interested in: Sponsoring a team   
 Coaching  Assisting  Team Parent  Working concession stand  Referee   
 Helping with ESA function (Freedom Festival parade, Captains parking)

**One-line ad in Opening Day Program at \$5 per line - please print below**

1 \_\_\_\_\_

2 \_\_\_\_\_

For ID Purposes:

Mother's maiden name: \_\_\_\_\_ Mother's birthdate: \_\_\_\_\_ / \_\_\_\_\_

For Official Use ONLY! Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Form of payment: Amt. \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ One Line Ad \$ \_\_\_\_\_

Current players may reregister by mail. Please send form & check or money order to P.O. Box. For new players: Registration form, birth certificate and fee must be brought to registration. Registration dates: Tues., May 24<sup>th</sup> & 31<sup>st</sup>, 6:30-8 P.M. & Sat., June 4<sup>th</sup> & June 11<sup>th</sup>, 11:30 A.M. - 1 P.M. at Soccer Concession Stand at Woodland Park. If the player is registered after the June draft, (s)he will be placed on the waiting list.

**Fees:** On and before June 12, Little Paws - \$35, Other Divisions - \$60, Max per family - \$140  
 On and after June 13, Little Paws - \$45, Other Divisions - \$70, Max per family - \$165

Eastlake Soccer Association (ESA) is affiliated with Youth Division of US Soccer, an affiliate of the Federation Internationale de Football Association (FIFA). I, the parent/guardian of the registrant(s), minor(s), agree that the registrant(s) and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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 or from the same, which transportation I hereby authorize. In addition, I hereby authorize ESA, and/or its Board of Directors to use photographs of my child(ren) in soccer related advertisements, included but not limited to, the publication of such photographs on the ESA website; Soccer advertisements; Soccer Flyers; Cable Television distribution, and any and all other such publications the ESA and/or its Board of Directors deems appropriate. IN CASE OF EMERGENCY, I give the coaches and/or supervision of ESA permission to take my child to the emergency room of a hospital for treatment in my absence. I have read the foregoing, understand it, and voluntarily affix my signature.

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Child Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male  Female  Has your child played in another league? Yes  No

Has your child played in Eastlake Soccer? Yes  No  Return to last year's team if possible? Yes  No  For girls 10 & older only – I want my daughter to play co-ed  or girls only.

**Uniforms:** All players receive a full uniform. Remember clothing may be worn under uniform in cold weather.

Circle sizes: Shirt YS YM YL AS AM AL Shorts YS YM YL AS AM AL Is there a coach you don't want? Name \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ Allergies?  No,  Yes (list) \_\_\_\_\_

Does your child have a heart condition? Yes  No  Does your child have any other medical, behavioral, or learning difficulty which the coach should be aware of to maximize your child's participation (e.g. ADD, LD, Asthma)?  No,  Yes (list) \_\_\_\_\_

BC

For Official Use ONLY!

B / G	E / N	Yr.	Div.

Child Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male  Female  Has your child played in another league? Yes  No

Has your child played in Eastlake Soccer? Yes  No  Return to last year's team if possible? Yes  No  For girls 10 & older only – I want my daughter to play co-ed  or girls only.

**Uniforms:** All players receive a full uniform. Remember clothing may be worn under uniform in cold weather.

Circle sizes: Shirt YS YM YL AS AM AL Shorts YS YM YL AS AM AL Is there a coach you don't want? Name \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ Allergies?  No,  Yes (list) \_\_\_\_\_

Does your child have a heart condition? Yes  No  Does your child have any other medical, behavioral, or learning difficulty which the coach should be aware of to maximize your child's participation (e.g. ADD, LD, Asthma)?  No,  Yes (list) \_\_\_\_\_

BC

For Official Use ONLY!

B / G	E / N	Yr.	Div.