

2008 Registration Form, Indoor Season

Games scheduled Saturdays and Sundays, in January & February, at
East Allegheny High School.

If possible, games will be scheduled so as to not conflict with EAAA Basketball.

EA SOCCER

PO BOX 117
EAST MCKEESPORT, PA 15035
www.easoccer.org

Club use only:
Date: _____
Cash: _____
Check amt/ #: _____

**FEE: \$25.00 per child,
KinderKickers-U12*
LATE REGISTRANTS MAY
BE DENIED A TEAM SPOT**

Family Information (please print)

Family/Parent Last Name: _____ Parent(s) First Name(s): _____
Address: _____ Phone: _____ (H) _____ (cell) _____
City: _____ Zip Code: _____ Email: _____

Player(s) Information – use back of form for additional players, if needed.

Player Name (First, Initial, Last)	1. New to soccer? 2. New to EA Soccer?	Gender (M/F)	Birth Date (m/d/y)	T-Shirt Size Circle One	Health Problems Limitations should also be discussed with your coach.	Special Requests Please list any special requests such as limited practice nights and game time restrictions. No guarantees on requests will be made.
	1. Y / N 2. Y / N			YS YM YL AS AM AL AXL		
	1. Y / N 2. Y / N			YS YM YL AS AM AL AXL		
	1. Y / N 2. Y / N			YS YM YL AS AM AL AXL		

I, the parent (guardian) of the above-named child (children), who is a candidate for a position on an EA Soccer-sponsored team, hereby give my permission for the child's (children's) participation in any and all activities sponsored by EA Soccer during the current season. I assume all risks and hazards incidental to the conduct of these activities and transportation to and from these activities. I do further hereby release, absolve, indemnify, and hold harmless EA Soccer and its regular affiliates, the East Allegheny Athletic Association, the East Allegheny School District, the organizers, sponsors and the supervisors, any and all of them. In case of injury to the above-named child (children), I hereby waive all claims against any and all of the organizers, sponsors, and any supervisors appointed to them. I likewise release from responsibility any person transporting the above-named child (children) to or from the activities. I will furnish a certified birth certificate of the above-named child (children) upon the request of any EA Soccer official.

Signature: _____ Date: _____

VOLUNTEER INFORMATION: We need a few hours of your time. EA Soccer is maintained by volunteers. Please check specific volunteer activities below, or note your expertise here: _____

† **Coaching** – The Association is always looking for interested volunteers to become coaches, and we will provide training and guidance to any interested parents. State clearances are required. NOTE: SOME DIVISIONS MAY FACE ELIMINATION, IF NO ONE VOLUNTEERS TO COACH. Your name(s): _____

† **Referee** – The Association is always looking for interested parents or children aged 10 or older to become referees. The Association will provide training and guidance. Potential referee name(s): _____

Mailing Instructions: Please complete, sign and date this form. Mail, along with check or money order payable to EA Soccer, to: EA Soccer, P.O. Box 117, East McKeesport, PA 15035. Must be postmarked on or before **December 7, 2007**. For questions or registration information, please check the website, or call Dawn Richardson-Frank @ 412-823-6476 or 412-287-2919 (urgent calls only, please).

***SOME AGE DIVISIONS FACE ELIMINATION, DUE TO A LACK OF PLAYERS!!!!!!**

*Kinder players – born between August 1, 2001 – July 31, 2003
**U8-U12 players – born between August 1, 1995 – July 31, 2001
NOTE: CHILDREN WITH AUGUST BIRTHDAYS ARE PERMITTED TO PLAY IN THE NEXT DIVISION UP, WITH KIDS FROM THEIR OWN GRADE LEVELS. PLEASE WRITE "PLAYING UP" IN THE SPECIAL REQUESTS SECTION ABOVE. ALL OTHER REQUESTS TO "PLAY UP" ARE SUBJECT TO REVIEW.