

2008 Fall Soccer Registration

Use separate form for each child

Mail form to: EYS, P.O. Box 512, Ephrata, WA 98823

Soccer Dates and Fees



Season: September 2 through October 18.
Registration: By MAIL IN ONLY: PO Box 512 Ephrata, WA 98823
Needed Items: Shinguards are mandatory and soccer ball, Size 4
Cost: \$40.00 per player 2nd-5th grade

Kindergarten-1st grade-Register with Ephrata Rec. Dept. 754-4426

More Info: Contact Jody Clark 787-0991

NO registrations after June 30, 2008

Registration Form

My child was born between..... (Please Circle One)

Current Grade in School: _____

Date of Birth: _____

8/00-7/01 (U8)

8/99-7/00 (U9)

8/98-7/99 (U10)

8/97-7/98 (U11)

Player's Name: _____

Boy/Girl (Circle)

Parent's Name: _____

Phone/Contact Number: _____

Address: _____

City: _____

How long have you played soccer: _____

Previous Team/Coach: _____

Are you willing to coach: Yes No

Learn how to coach: Yes No

Referee: Yes No

Serve on Board: Yes No

Late Registrants are not
guaranteed a spot on a
team

Mail form and money to: EYS PO Box 512, Ephrata WA 98823

Parent/Guardian Medical Release and Waiver of All Claims

In an emergency situation, I hereby give my consent to have emergency personnel or a qualified physician provide my child with medical assistance or treatment.

Soccer is a contact sport. I recognize that my child (player) could suffer a physical injury by participation in youth soccer, and in consideration of the Ephrata Youth Soccer Association (EYSA) accepting my child for participation in EYSA's soccer program, I hereby release, discharge and otherwise hold harmless EYSA, EYSA's Board Members, EYSA coaches and all other EYSA volunteers from and against any claims by or on behalf of player as a result of player's participation in EYSA's soccer program. I further agree to assume all risk of injury or loss to which the player may be exposed or suffer. To the extent that this release does not bind my child, i.e., the player, I agree to hold harmless and indemnify EYSA, EYSA's Board members, EYSA's coaches and all other EYSA volunteers. I HAVE READ THIS RELEASE AND AGREE TO BE BOUND BY IT.

Parent/Guardian (Signature): _____ Phone: _____

Emergency Contact: _____ Phone: _____

Association Use Only

Date Received _____

Cash _____

Check # _____