



Mt Penn Soccer Club (MPSC)

and Eastern Pennsylvania Youth Soccer Association (EPYSA)

Player Registration Form

Club Use Only	
Cash/Check # :	_____
Date:	_____
Paid in Full	_____
Entered in PC	_____
ID #	_____

Check One:	Check One:	Check One:	Check One:
Travel <input type="checkbox"/> Intramural <input type="checkbox"/>	New EPYSA Player <input type="checkbox"/> Returning EPYSA Player <input type="checkbox"/>	Player <input type="checkbox"/> Coach <input type="checkbox"/> Administrator <input type="checkbox"/>	League: <u>Reading Berks Junior (RBJSJL)</u> Club: <u>Mt. Penn Soccer Club (MPSC)</u> Player Age Div. _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

First Name _____ Last Name _____

Address _____ Home phone _____

City _____ State _____ Zip _____ Date of Birth (mm/dd/yy) ____/____/____

Parent/Guardian Name(s) _____

Circle Shirt Size (Yr-end shirt) 6-8 10-12 14-16 S M L XL XXL XXXL

E-mail _____ Jersey Number _____

Team/Teammate Requests (not guaranteed): _____

Grade in fall: _____ Possible Practice/Game Conflict: Yes / No If, Yes please explain: _____

Release Statement

Note: The Statement should be signed by parent/guardian for minor player; an adult player for himself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the MPSC, EPYSA, their affiliated organizations and sponsors, recognizing the possibility of physical injury associated with soccer and in consideration for the MPSC and EPYSA accepting the registration for its soccer program and activities (the "Program"), I hereby release discharge and /or otherwise indemnify the MPSC and EPYSA, their affiliated organizational and sponsors, their employees and associated personnel including the owner of fields and facilities utilized for the Program, 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.

Medical Release-Players Only

I hereby give my permission for all medical attention necessary to be administered to my child in the event of an accident, injury, or illness under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility of payment for any such treatment.

Insurance Company Name _____ Insurance policy _____

Known Allergies _____ Other Information _____

Physician Name _____ Address _____ Phone _____

In the event that I/we cannot be reached, the following person(s) are designated:

Designee name _____ Address _____ Phone _____

Designee name _____ Address _____ Phone _____

Parent/Guardian/Adult Signature(s) of Approval

I/We hereby accept the above releases. (Only 1 Signature is required. However, please list all relevant names and phone numbers.)

Signature Required _____ Date _____ Home Phone _____ Work Phone _____ Cell Phone _____

Signature Required _____ Date _____ Home Phone _____ Work Phone _____ Cell Phone _____

Return to : Eric M. Wanshop, MPSC Registrar
2708 Orchard Lane, Reading PA 19606
[eric.wanshop@wachovia.com](http://www.wanshop@wachovia.com) 610-370-3385

Eastern Pennsylvania Youth Soccer Association is affiliated with United States Soccer Federation (USSF) and Federation International de Football Association (FIFA).

<http://www.mtpennsoccer.com>

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