

EDGEWOOD SOCCER 2009



The season will begin September 5, 2009 and will end the last week of October (weather permitting).

Please register as soon as possible. **Registrations must be received by August 18, 2009.** Uniforms cannot be guaranteed for late registrations. Please remember that the coaches pick the practice nights. Special requests such as siblings/friends on same teams, coach requests should be noted on registration and will be taken into consideration. Late registrants will be added to whatever teams are lacking teammates. Game times are 10-14: 9/10AM, 8-9: 11AM/12Noon; 6-7: 1PM; 4-5: 2PM on Saturdays in September/October.

Age Divisions: (please check one) 4-5 _____ 6-7 _____ 8-9 _____ 10-14 _____
(must be 14 on September 6, 2009)

Cost: \$50 per player

EVERYONE is strongly encouraged to take an active role in the organization.

Please consider volunteering for one of the following positions:

Coach *Assistant Coach* *Field set-up/Take-down crew* *Referees*

Please be advised that no pets, at either practices or games, are permitted at Koenig Field, on the track, tennis courts, or anywhere else. If you bring a pet, you will be asked to remove the animal from the premises.

Coaches will be called August 19, 2009 for draft on August 21, 2009 to pick teams and practice nights. Coaches will then call players and practice will begin week of August 24. Uniform orders will be placed August 24, in order to receive by the first game, September 5. No additional uniform orders will be placed after August 24.

First name _____ Last name _____ Middle Initial ____

Address _____ City _____

State ____ Zip Code _____ Phone Number _____

Age ____ Date of Birth _____ Sex of child _____

Email Address _____

Medical Condition(s) or Allergies _____

(over)

Will Volunteer to (Please check): Coach _____

Assistant Coach _____

Referee _____

Field Crew _____

Other _____

(last year Dr. DeVita was nice enough to volunteer to ref)

Shirt size: Youth small ____ Youth medium ____ Youth large ____ Youth extra-large ____

Adult small ____ Adult medium ____ Adult large ____ Adult extra-large ____

Amount paid _____

Check Number _____

Please make checks payable to:

Edgewood Borough
2 Race Street
Edgewood, PA 15218

RELEASE OF ALL CLAIMS

I/We hereby make an application for the above named to be enrolled in the programs of Edgewood Borough. In consideration thereof, I/We hereby agree to release, absolve, defend, indemnify and hold harmless the Borough of Edgewood, Edgewood Recreation Commission, Directors, officers, coaches, sponsors and any affiliated individual, firm, corporation or entity, for any and all claims or causes of action on behalf of myself/ourselves and the above named child including, but not limited to, the following: (1) any injury, risk and hazard incidental to the conduct of activities, including practice, match, ceremonial functions and transportation to and from the activities; (2) any harm or distress which may be sustained incidental to conduct and implementation of the laws of the Game as adopted by Edgewood Recreation Department, including roster changes, disciplinary actions, suspensions, and dismissals from the Club; and (3) providing, in the case of injury requiring immediate medical attention, assistance and/or treatment by a physician, surgeon, paramedic, trainer or hospital, as would ordinarily be given to a patient in such condition.

In addition to the above stated, I/We will honor and obey good sportsmanship. This includes, but is not limited to: refraining from taunting or questioning a referee/coach/staff member. Please note, Edgewood Recreation WILL NOT TOLERATE any form of behavior deemed inappropriate by the bylaws of the Recreation Department. Please contact the Borough Manager for a copy of the Edgewood Recreation Bylaws. I understand by failing to act appropriately as suggested in the Recreation Bylaws, I can be removed by the event.

THE RELEASE APPLIES EVEN IF THE ACTS(S) OR OMISSION(S) OF THE PERSON(S) OR ENTITY(IES) RELEASED IS/ARE NEGLIGENT.

I/We certify that the enrolled above is in good health and may participate in strenuous physical activities, including, but not limited to, soccer.

I/We certify that the enrolled above has health insurance coverage.

I/We have read the above and understand what I/we am/are signing.

SIGNED _____ DATE _____

Parent or Guardian

Parent's Name (Please print) _____