

# EDGEWOOD SOCCER 2010



The season will begin September 11, 2010 and will end October 30, 2010 (weather permitting).

Game times are 4-5: 9AM      *(this was changed based on input from parents*  
6-7: 10AM      *whose naps, etc. coincided with PM games)*  
8-9: 11AM  
10-14: 12Noon or 1PM Saturdays in September/October.

Please register as soon as possible. **Registrations must be received by August 16, 2010.** 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.

Age Divisions: (please check one) 4-5 \_\_\_\_\_ 6-7 \_\_\_\_\_ 8-9 \_\_\_\_\_ 10-14 \_\_\_\_\_

**Cost: \$50 per player**

Take an active role by volunteering for one of the following positions:  
Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Field Crew \_\_\_\_\_  
Referee \_\_\_\_\_ *(last year Dr. DeVita was nice enough to volunteer to ref)*

**Coaches will be called August 18, 2010 for draft on August 20, to pick teams and practice nights. Coaches will then call players and practice will begin week of August 23. Uniform orders will be placed August 23, in order to receive by the first game, September 11. No additional uniform orders will be placed after August 23.**

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 \_\_\_\_\_

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(over)

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  
Return to: 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 from 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) \_\_\_\_\_

**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.**