



SOCCER 2014

Please register as soon as possible. Registrations must be received by **August 21, 2014**. Uniforms cannot be guaranteed for late registrants.

Coaches pick the practice nights. Special requests such as siblings/friends on the same teams, or coach requests, should be noted on the application and will be taken into consideration. Late registrants will be added to teams that are lacking players. Special requests: _____

Age Divisions (Please check one): 4-5* _____ 6-7 _____ 8-9 _____ 10-14* _____

*(Must be age 4 by Sept. 1; must not be over age 14 on Sept. 1).

Cost: \$60 per player (T-shirt, trophies, referees, field maintenance)

Edgewood Soccer is run by Volunteers!

Take an active role by volunteering for one of the following positions:

Coach _____ (shirt size)

Assistant Coach _____

Field Crew _____

Key Dates:

- ❖ **Registration Deadline:** **Thursday, August 21, 2014** (must be received by office by this date)
- ❖ **Coach Meeting (to assign teams)** **Thurs., August 21, 2014 at 7 pm, Borough Building, 2nd floor**
- ❖ **Team T-shirts Are Ordered** **Thursday, August 28**
- ❖ **First Game:** **Saturday, September 6, 2014**
- ❖ **Last Game:** **Saturday, October 25, 2014** (weather permitting)

****After team assignment on Aug. 21, you have 7 days to switch teams if your team's practice night won't work for your schedule. Team T-shirts will be ordered on Thursday, August 28. If you have not registered and paid for your child by this time, he/she will not receive a t-shirt.****

First name _____ **Last name** _____

Address _____ **City** _____

State ____ **Zip Code** _____ **Phone Number(s)** _____

Sex of child (circle): M F **Age** _____ *(MUST be at least age 4 and no older than 14 on Sept. 1)

Parent Email Address _____

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

Adult small _____ Adult medium _____ Adult large _____ Adult extra-large _____

(over)

Please make checks payable to: Edgewood Borough

Return forms to: Recreation
2 Race Street
Edgewood, PA 15218

Please be advised that pets, at either practices or games, are not 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.

MEDICAL INFORMATION

Doctor _____ Phone _____ Ins. Co. _____

Address _____ Policy No. _____

Does this child have any medical considerations? _____

Two alternative emergency contacts (not parents' cell numbers)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

I/We the parent/guardians of the above-named player, hereby give my/our permission to participate in any and all soccer activities, including transportation to and from the activities. I/We further certify that the player is of the age represented on this form, and has health/accident insurance as indicated on this form. **MEDICAL:** I, the undersigned, as parent/guardian of the above-mentioned applicant do hereby give my permission and approval to the applicant's participation in all the Edgewood Soccer activities during the Fall, 2014 season. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release, and absolve the organizers, board members, helping parents, sponsors, supervisors, referees, coaches and participants from any claim arising out of injury to the applicant, my son or daughter or ward.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Edgewood Soccer does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, or religious preference.

I/We the parents/guardian of the above-named candidate for a position on an Edgewood team hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Edgewood, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising from an injury to my/our child, whether the result of negligence or from any other cause, except to the extent of the amount covered by accident and liability insurance. I/We understand that the insurance carried by the league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when issued except for normal wear and tear.

Parent/Guardian Signature _____ Date _____

FOR OFFICIAL USE ONLY:

Check # _____ Amount _____ Received by _____