East Hampton Soccer Club Town League
Registration Form – Fall 2010

Player's Name_____ _____
Last name First name

Player's Address_____ _____ _____
Street city, state zip code

Player's Phone Number ( ) _____

Player's Date of Birth _____ Gender: M F Grade in Fall: _____

Has the child ever played soccer in an organized program? (circle) Yes No
Parents' or Guardians' names and cell phone or work numbers:

Name _____ Phone # ( ) _____

Name _____ Phone # ( ) _____

E-mail address _____ (for EHSC use only!)

Emergency Contact Name: _____ Phone # ( ) _____
(Please list someone other than parent/guardians)

Payment: Pre-K=$55, Grades K-2 = $45, Grades 3-5 = $50, Grades 6-8 = $70 (checks payable to: EHSC)
REGISTRATIONS RECEIVED AFTER June 30TH WILL BE SUBJECT TO A $25 LATE FEE
Mail forms and payments to: EHSC
8 Brookside Court
East Hampton, CT 06424
The East Hampton Soccer Club is an all-volunteer organization. **WE NEED PARENT INVOLVEMENT TO OPERATE THE LEAGUE**. Please check what you are willing to do.

Volunteer's Name: _____
_____ Head Coach _____ Assistant Coach _____ Assist w/equipment or fields _____ Team Parent

Liability Statement
I hereby give permission for the above-named to participate in the East Hampton Soccer Club (EHSC). I certify that he/she is in good health. I have listed below any allergies (such as bee stings), conditions, and/or medical conditions of which the club should be aware. I further authorize the personnel to act for me, according to their best judgment, in case of an injury. I understand that I release EHSC, its directors and coaches from any and all financial liabilities. I further understand that there are inherent dangers in soccer that could lead to serious injury, permanent disability, or even death. I hereby agree to pay for all medical expenses that may result from medical attention required by engaging in an EHSC event. I certify that all the information I have provided is correct.

Parent/Guardian's Signature_____ Date_____
Player's allergies, conditions, medications (**write "NONE" if applicable**):
_____
My child's likeness may be used by EHSC for promotion of the league (circle one) Yes No

ANY SPECIAL REQUESTS:_____