

Clark Park Youth Soccer League – Player Registration – Fall 2005

Complete both sides, mail promptly w/ payment to: CPYSL, Friends of Clark Park, P.O. Box 31908, Phila. PA 19104

A. Player (Child) Information: (all children listed here must live in the same household)

Last Name	First Name	Birthdate: Mo/Dy/Yr	M/F	Height	Weight	Past Soccer Experience	School Code*

*School Code SFS= St. Francis de Sales W= Wilson PA= Penn/ Alexander L=Lea
Code: SHC= Spruce Hill Christian PW=Powel D=Drew HS=Homeschool O=Other:

B. Parent / Legal Guardian Information: This info goes to FOCP, CPYLSL admin & Coaches

Last Name	First Name	Relationship	Address (include ZIP code)	Phone #(s) & email

Please List Any Other Adult Who May Accompany Your Child(ren) at Soccer (E.g. Relative, Neighbor, Friend):

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C. Notice to Parents / Guardian, and Parent or Guardian’s Agreement & Release:

I am the parent/ legal guardian of the child(ren) named above. I understand that: (A) minor injuries sometimes happen in soccer, and serious injuries are possible; (B) CPYSL does NOT have medically trained coaches/staff; and (C) CPYSL is NOT a child-care provider. I agree that: (1) I, or one of the other adults listed above, will be present if my child needs care or medical treatment; (2) CPYSL coaches are not responsible to insure that my child remains at Clark Park before, during, or after any session, and CPYSL coaches are not responsible to supervise or to stay with my child before or after any session; (3) I am responsible for my child’s behavior and my own behavior during each session, and I will cooperate with coaches and personally supervise my child when requested; (4) I assume all risks incidental to my child’s participation in CPYSL, and I release, waive and absolve CPYSL’s coaches, Friends of Clark Park (FOCP), and its officers and directors, from any claims arising out of any injury or other harm to my child, except to the extent, if any, covered by CPYSL’s and FOCP’s available insurance; and (5) I give my permission for my child to participate in all CPYSL activities, including occasional team field trips.

Signature of Parent/ Legal Guardian: _____ **Date:** _____ 2005

D. Fees & Dues, ALL REQUIRED for Every Player, Except as Noted Below:

CPYSL Season Fee	\$15/ season for first child, <u>plus</u> \$5 for <u>each</u> extra child	\$
EPYSA Fee	\$7 for <u>each</u> child (covers fall 2005 and spring 2006)	+ \$
FOCP Dues (Annual)	\$10/yr. for 1 child; \$20/yr for 2 + in same family <u>REQUIRED</u>* OR: Be a “Patron” of Clark Park: give \$50/ year *UNLESS Exp. Date on mailing label is 11/1/2005 or after	+ \$

E. Payment Options: Total of Fees and Dues: \$ _____ *

*At least 1 / 2 of Total is REQUIRED with registration

Amount Paid Now \$ _____ (At Least 1/2 of Total)

Check or Money Order, Payable to “Friends of Clark Park”

For Remaining Balance, Check One: _____ Will Pay by Sept. 24 OR _____ Scholarship Needed

F. Shin Guards: Available @ \$5/pr. PRE-PAID: # Pairs Wanted _____ x \$5 = \$ _____ **

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Medical Information & Consent for Emergency Care

G. Medical:

List Any Medical Condition(s) That Might Affect Your Child’s (Children’s) Ability to Participate in Soccer, and Briefly Describe What the Effect(s) Might Be:

We recommend that you ask your child(ren)’s doctor whether participation in soccer is appropriate for your child and, if so, whether any special precautions should be taken for him/her.

Player (Child) #1: Last Name: _____ First Name: _____ Age: _____

Player (Child) #2: Last Name: _____ First Name: _____ Age: _____

H. Child(ren)’s Source of Medical Care (Who Should Be Called in an Emergency):

Child’s Primary Doctor/ Clinic: _____ **Emergency Phone No. (Sat. A.M.): _____**

Address: _____

I. Child(ren)’s Health Insurer/ HMO:

If you have no health insurance for your child(ren), call 1-800-464-5437 for information about free or low-cost coverage

Provide Copy of Valid Insurance/ HMO Card Or List Information:

Insurer / HMO Name: _____

Identification No.: _____

Group No.: _____

Primary Insured (e.g. parent): _____

J. Advice, Emergency Medical Consent, and Financial Responsibility Agreement:

As the parent/ legal guardian of the child(ren) named on this Registration Form, I understand that I am responsible to obtain medical care for my child in the event of an injury, and I agree that a parent, legal guardian or the other adult whom I have designated, will be present at Clark Park during each session. If my child is injured and none of these is present, or none can be found, I give my consent for emergency medical care to be provided to my child and for my child to be transported to and treated at a hospital or doctor’s office, in my absence, until I can be reached. I understand that I am responsible for the cost of any medical care given to my child and for any ambulance costs. I understand that I am responsible to maintain “primary” medical coverage for my child, and I agree to maintain coverage throughout the season. Any special medical needs of my child are listed above.

Parent/ Legal Guardian’s Signature: _____

Date: _____ 2005