

CLARK PARK YOUTH SOCCER LEAGUE – PLAYER REGISTRATION – FALL 2008

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

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

<i>Last Name</i>	<i>First Name</i>	<i>Birthdate mm/dd/yr</i>	<i>M/F</i>	<i>Height</i>	<i>T Shirt Size</i>	<i>Past Soccer Experience</i>	<i>School* Abbrev.</i>

*School Abbreviations: D=Drew L=Lea PA=Penn/Alexander PW=Powel O=Other

B. Parent / Legal Guardian Information:

SFS= St. Francis de Sales SHC= Spruce Hill Christian W=Wilson

<i>LAST Name</i>	<i>First Name</i>	<i>Relationship</i>	<i>Address (include ZIP code)</i>	<i>Phone Numbers</i>
				H: C:

E-MAIL ADDRESS (please print clearly): _____

<i>LAST Name</i>	<i>First Name</i>	<i>Relationship</i>	<i>Address (include ZIP code)</i>	<i>Phone Numbers</i>
				H: C:

E-MAIL ADDRESS (please print clearly): _____

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 often 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 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 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 field trips.

Signature of Parent/ Legal Guardian: _____ **Date:** _____ **2008**

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> additional child	\$
EPYSA Fee	\$7 for <u>each</u> child UNLESS child played in Spring 2008*	+ \$
FOCP Dues (Annual)	\$20/yr. for 1 child; \$25/yr for 2 + in same family REQUIRED OR: Be a “Patron” of Clark Park: give \$50/ year	+ \$

*EPYSA form required even if played last season **Total: Fees and Dues:** **\$**

E. Payment : Make Check or Money Order Amount Paid \$
 Payable to **“Friends of Clark Park”**

Balance - Check One: _____ Will Pay September 27th OR _____ Scholarship Needed (up to half of total)

Clark Park Youth Soccer League – Player Registration – Fall 2008

Medical Information & Consent for Emergency Care

F. 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: _____

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

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

Address:

H. 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.:
Name of Primary Insured (e.g. parent):**

I. 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: _____ 2008

J. Volunteer:

I am willing to: ___coach or substitute coach;
help with ___photo day ___trophies ___end of season picnic ___pre-registration ___registration

(MUST COMPLETE & SIGN BOTH SIDES OF FORM)