

Indoor Season:2011-12

Ind. Fee: \$85.00

Family Max. \$210

Team: \$80.00

2nd Team Fee: same

(this fee is for ind. player playing on a second team 2nd team does not apply to fam. max or any other fee)

East Ridge Soccer Association Indoor Youth Registration Form

P.O. Box 90034 East Ridge, TN 37412

www.ersoccer.org

Are you currently registered with Tennessee State Soccer Association?

Yes No

Make checks payable to CJIS

Player: Last name: _____ First name : _____ M.I. _____

Address: _____ City : _____ ST. _____ Zip _____

Gender: Male Female Date of birth: ____ / ____ / ____

Father's name: _____ Mother's name: _____ Home phone: (____) _____

Occupation: _____ Occupation: _____ *Mothers bday: month ____ day ____

***(MOTHERS DAY/MONTH NEEDED TO REGISTER PLAYER)**

Email _____

Work phone _____ Cell Phone _____ Work phone _____ Cell Phone _____

of seasons/years played _____ Is player currently playing select soccer? _____

Medical problems _____ Did you play in the Fall? If yes, where? _____

Person to notify in emergency: _____

Phone: _____ Relationship: _____

Doctor to notify in emergency : _____ Phone: _____

WE NEED YOUR HELP!! As the number of children grows at Camp Jordan, so does the need for volunteers. Please circle below the areas you can help.

Coach Asst. Coach Team Parent will assist team Commissioner

Recognizing the possibility of physical injury associated with soccer and in consideration for TSSA/USYA/ERSA and its affiliates, accepting the registrant for its soccer programs and activities to the extent not covered by insurance programs, I hereby release, discharge and/or otherwise indemnify the TSSA/USYA/ERSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to and from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs. Therefore, I grant ERSAs, officials, or coaches permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child. In the event that my child is photographed while participating in a soccer related event, I hereby grant ERSAs permission to use my child(ren's) picture for promotional purposes without any other written consent.

Parent/guardianName (print) _____

Parent/guardian Signature _____ Date _____

No refunds of registration fees will be accepted after 12/15/2011.

Requests: _____

Make checks payable to: CJIS

\$20 returned check fee in addition to bank charges ~

OFFICE USE ONLY:
Application Received by: _____
Cash \$ _____ Receipt# _____
Check # _____ Amount: _____
Family max \$210: Number of Players: _____
of players at \$85 _____
Team check # _____ @ \$80 per player