

Recreational  
Season:  
Fall/Spring 10-11

*East Ridge Soccer Association*  
*Youth Registration Form*

P.O. Box 90034 East Ridge, TN 37412

[www.ersoccer.org](http://www.ersoccer.org)

**FEE: \$85**  
U4: \$75  
Family Maximum:  
\$195(siblings only)  
Family max doesn't include  
adults or select level  
players. These are paid  
separate from recreational  
fees.

Player: Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Gender :  Male  Female Player's Date of birth(DOB mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ \*Mother's DOB(mm/dd) \_\_\_\_/\_\_\_\_

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

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# of seasons/years played \_\_\_\_\_ Is player currently playing select soccer or second rec. team? \_\_\_\_\_

Medical problems \_\_\_\_\_

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      End of Season Cookout      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/Legal Guardian Name (print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Portion of refund of registration fees subject to approval.

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

Office Use Only:

\*Requests:

Application received by: \_\_\_\_\_

(Print Name)

Cash \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Check # \_\_\_\_\_ /Amount: \_\_\_\_\_

Family Max \$185: Number of Players: \_\_\_\_\_  
(Please add all siblings name and age on back of form)

# of Players @\$65 \_\_\_\_\_ # of Players @\$75 \_\_\_\_\_

\*Please remember due to large number of coaches requests; we are unable to honor all requests. We try to place each child according to their experience level to in order to make our teams as equal as possible. Thank you for your understanding and cooperation in this matter.\*  
\*\* A \$10 late fee will be added to all applicants for paperwork received after the last posted registration date. \*\*

