

**Select Season:
2011-2012**



*East Ridge Soccer Association
Youth Select Registration Form*

P.O. Box 90034 East Ridge, TN 37412

www.ersoccer.org

FEE: \$70 (5 month)
\$100 (10 month)
Make checks payable to
ERSA
Separate \$10.00 fee for
all GA players rostered
in addition to above

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

Address _____ **City** _____ **ST.** _____ **Zip** _____

Gender: Male **Female** **Player's Date of Birth (mm/dd/yy)** _____ / _____ / _____

Father's name _____ **Mother's name** _____

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

Occupation _____ **Occupation** _____

Email _____

Work phone _____ **Cell#** _____ **Work phone** _____ **Cell#** _____

of seasons played _____

Medical problems _____

Person to notify in emergency _____

Phone _____ **Relationship** _____

Doctor to notify in emergency _____ **Phone** _____

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 ERSa, 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 ERSa 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** _____

\$20 returned check fee in addition to bank charges

Office Use Only:

| | | | |
|--|------------------------|--------------|--------------------------|
| | Cash | Check | Amount |
| | \$ _____ | # _____ | \$ _____ |
| | Receipt # _____ | | Received by _____ |