

Club Use Only: Date Received _____	<input type="checkbox"/> Payment Information on Siblings Form	CCU Initial _____
Amount Received \$: <input type="checkbox"/> Cash _____	<input type="checkbox"/> Check _____	Check #/Bank _____
		Balance Due \$ _____
# Items Paid: <input type="checkbox"/> Intramural Reg. _____	<input type="checkbox"/> Jersey/Socks _____	

Chester City United Soccer Club Player Registration Form – Fall 2015

Please print all information

Player Status: New Player Returning Player

Program: Intramural

Player Information

Last Name: _____ First name: _____ Middle Int.: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Father's Name _____ Mother's Name: _____

Sex: M F Players Date of Birth: _____ E-mail (Required): _____

Medical History

List any medical information required to participate in an athletic program: _____

Allergies: _____ Special Medications: _____

Emergency Contact (if you are not present): Name: _____ Phone #: _____

Special Needs: _____

Parent/Guardian Volunteer Task Selection (Please Select One)

Coach Asst. Coach Family/Picture Day Field Maintenance Team Parent Other

Payment Information (Write amount in each blank)

1 Player x \$40 \$ _____

Release Statement

Note: The statement should be signed by a legal guardian, for himself; an adult player for himself; coach for himself; administrator for himself.

I, the parent/guardian of the registrant, a minor, or adult restistrant of legal age, agree that I and the registrant will abide by the rules of EPYSA, Chester City United Soccer Club and its affiliated organizations and sponsors. Recognizing the possibility of physical injury and/or death associated with soccer and its related actives and in consideration for the EPYSA, CCUSC, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release discharge and/or otherwise indemnify the EPYSA, Chester City United Soccer Club, the Board of Directors and staff, 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 programs, and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____