

**Club Use Only**

Fee Paid (Amt). \_\_\_\_\_ Cash Check Initial \_\_\_\_\_ Age: U- \_\_\_\_\_ B G: Team Name: \_\_\_\_\_

# Ridley United Soccer Club

Eastern Pennsylvania Youth Soccer Association

## Travel Registration Form

**Please print all information**

Season:  Spring  Fall

**Player Information**

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Int.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**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 #: \_\_\_\_\_

**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 restitran of legal age, agree that I and the registrant will abide by the rules of EPYSA, Ridley United Soccer Club Inc., and its affiliated organizations and sponsors. Recognizing they possibility of physical injury and/or death associated with soccer and its related actives and in consideration for the EPYSA, RUSC, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release discharge and/or otherwise indemnify the EPYSA, Ridley United Soccer Club Inc., 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: \_\_\_\_\_