

Eastampton Youth Soccer Association

Child's Name: _____ Birthdate (M/D/Y) _____ Male or Female

Street Address: _____ Town: _____ Zip _____

Home Telephone: _____ Cell: _____

Player's Uniform Size (Circle One) YS YM YL AS AM AL AXL AXXL

Parent/Guardian Information: E-Mail Address: _____

Mother/Father/Guardian's Name/s: _____

NOTE: Coach or Team Requests are not accepted, unless siblings in same division.

Hold Harmless Agreement: I/We, the parents and/or guardians of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all League activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the League, Chartering Organization, Organizers, Sponsors, Participants, and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this League covers only the amount that is not paid by my/our carrier. I/We will furnish a certified birth certificate of the above named candidate if requested.

I hereby grant the {EYSA} permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the {EYSA} and will not be returned. I hereby irrevocably authorize the {EYSA} to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the {Eysa} from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW

Mother/Father/Guardian Signature _____ Date _____

VOLUNTEER – Please Help Your League –

COACHES – Please Complete the Coaching Application.

***** Other positions are open as well; Please email the Vice President if interested in helping *****

Registration Costs: \$120.00 first child: Each additional Child \$60.00. After July 15th, add \$20.00 per child

Please Make Checks Payable to: EYSA

Registration Fees are considered a Donation and are **NON-Refundable No Exceptions.**

\$30 Surcharge will be assessed on all Non-Sufficient Funds (NSF) checks.

OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW

Registration Cost: _____ Check # & Amount: _____ Number of children _____

Total Due: _____ Bd Mem. Initials/Date: _____ Division: _____