

E.O.R.S.L. REGISTRATION FORM

FIRST NAME: _____ PLAYER ID # _____

LAST NAME: _____

MALE FEMALE

STREET ADDRESS: _____ TICKETS RECEIVED _____

TOWN: _____

POSTAL CODE: _____

PHONE NO. _____

ALTERNATE PHONE NO. _____

DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____

***CHILD MUST BE 4 YEARS OLD BY DEC. 31 2010

E-MAIL ADDRESS _____

SHIRT SIZE: YOUTH S M L ADULT S M L

TRAVEL PLAYER : YES NO

Please read the following waiver and then sign below:

I hereby agree to my daughter's/ son's participation in the Essex Optimist Recreation Soccer League (EORSL) during the year 2011. I have accepted my parental responsibilities to make certain that she/he is in good physical condition (doctor's examination) and is able to participate in the activity. I have been advised and accept that neither the EORSL, not it's Officers, or coaches, nor referees are responsible for any health problems and/or injury that may arise from participation by my daughter/son in league activities. I understand that my child will not play if they are not wearing shin guards. In the event of any injury and no parent can be found I give permission to EORSL to seek medical attention.

Signature of Parent: _____

Other Emergency Contact: _____