

U10 - E.O.R.S.L. REGISTRATION FORM

FOR OFFICE USE ONLY

FIRST NAME: _____

PLAYER ID # _____

LAST NAME: _____

TICKETS

MALE FEMALE

P.G. _____

STREET ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

PHONE NO.: _____ ALTERNATE PHONE NO.: _____

DATE OF BIRTH: Month _____ Day _____ Year _____ ****Child MUST be 4 years old by December 31, 2011*

E-MAIL ADDRESS: _____

SHIRT SIZE: YOUTH S M L ADULT S M L XL

PREVIOUS 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 2012. 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, nor 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: _____