

East Windsor PAL  
 30 Airport Road  
 East Windsor, NJ 08520  
 Phone (609) 448-5333  
 Fax (609) 448-3975

**REGISTRATION DATES:**  
 Sat's – October 22nd & Nov 5th between  
 9:00 AM- 12:00 PM  
 Mon – Fri 9:00 AM- 3:30 PM Weekdays  
 Forms Available in Drop Box on Porch - Anytime

**2011-2012 EWPAL INDOOR SOCCER REGISTRATION**

REGISTRATION DEADLINE IS NOV 5th. A \$20.00 LATE FEE WILL BE CHARGED AFTER THE DEADLINE!

Are you interested in coaching? Yes [ ] No [ ] Name \_\_\_\_\_

Division	Grade	Description	Fee
V	4yrs (Dec 07)	Instructional Clinics-Parent must stay with child	\$85
IV	K-1	5 Players & Keeper (30 min games)	\$115
III	2-3	5 Players & Keeper (35 min games)	\$115
II	4-5	5 Players & Keeper (35 min games)	\$115
I	6-7-8	5 Players & Keeper (40 min games)	\$120
Premiere	9-12	4 Players & Keeper (40 min games)	\$120

E-Mail Address: \_\_\_\_\_

Childs Name(first and last): \_\_\_\_\_ Sex (circle one) Male Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Shirt Size: (Circle One) YS YM YL AS AM AL AXL

Does applicant have any medical condition, which would preclude or restrict participation in the program?  
 No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

**PARENT OR GUARDIAN AUTHORIZATION**

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

I attest that all information provided above is, to the best of my knowledge, true and accurate. I agree to abide by all rules & regulations of the PAL. I pledge to act in a sporting manner at all times and to support my player, coach, team and game officials. I understand that my child and I may be suspended from EWPAL activities if I act in a violent, profane, or unruly manner during practices or games. In the event of an emergency, accident, or injury which occurs while this person is participating in a PAL program, or traveling to or from such a program, and I am not present, I hereby give permission for the adult representative of the PAL to secure whatever medical and hospital care necessary, and I agree to be financially responsible for such care and treatment. I hereby further agree to hold the PAL, and its representatives, organizers, & sponsors free from all personal liability in connection with any such emergency, accident or injury.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Parent or Legal Guardian)

Total due: \_\_\_\_\_ Amount Rec'd: \_\_\_\_\_ Cash or Check# \_\_\_\_\_

**Indoor Soccer Family Discount: \$30.00 off each additional child**  
**NO REFUNDS ISSUED AFTER THE START OF THE SEASON**  
**NO REQUESTS ON FORM**