

SPRING, 2010 - REC SOCCER REGISTRATION FORM

REGISTRATION: You may register at the PAL office during the week, Mon – Fri, 9:00 AM - 3:30 PM
 Or, on the following Saturdays: Feb.20 , Mar. 13, 9:00 AM - 12:00 PM
 Also available is ON-LINE registration at eastwindsorpal.org for a small credit card processing fee.

Registration Deadline is March 13th A \$20.00 Late Fee will be charged after the deadline!

Are you interested in coaching? Yes [] No [] Name _____

E-mail address: _____

Child's Name: _____ Sex (Circle one): Male Female

Date of Birth: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____

Parent / Guardian Names: _____

Home Phone: _____ Cell Phone: _____

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

Does applicant have any medical condition that would preclude or restrict participation in this program? Yes () No () If yes, explain: _____

Children will be placed in divisions based on their DOB and/or Grade (see division breakdowns below).

<u>Birth date</u>	<u>Grades</u>	<u>Division</u>
8/1/03– 7/31/05	Pre K - K	INSTRUCTIONAL \$75
8/1/01 – 7/31/03	1 - 2	PRE-CADET \$80
8/1/99 – 7/31/01	3 – 4	CADET \$80
8/1/97 – 7/31/99	5 – 6	JUNIOR \$85
8/1/94 – 7/31/97	7 - 9	SENIOR** \$90
8/1/91 - 7/31/94	10-12	SENIOR 2 ** \$95

****Note: The Senior Division may include participation with other programs, requiring limited travel.**

MANDATORY Facility Improvement Fee: Assessed as one fee, per family, per sport, per season.

I have enclosed the \$30.00 fee.

PARENT OR GUARDIAN AUTHORIZATION

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

Family Spring Soccer Discount: 2nd Child \$10.00. 3rd Child \$15.00. 4th or above \$20.00.

Total Due : _____ Amount Rec'd: _____ Cash or Check #: _____

NO REFUNDS ISSUED AFTER THE START OF THE SEASON!