

FALL, 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: June 26, July 10, July 17, 9:00 AM - 1:00 PM
 Also available is ON-LINE registration at eastwindsorpall.org for a small credit card processing fee.

REGISTRATION DEADLINE IS July 17th (Guaranteed a spot on a team)
AFTER AUG 1ST A \$20.00 LATE FEE WILL BE CHARGED (May be placed on a waiting list)
NO REQUESTS ON FORM

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

E-mail address: _____

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

Date of Birth: _____ Age: _____ Grade (as of 9/1/2010): _____

Address: _____ City: _____

Parent / Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Shirt Size: (Circle One) YS 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>
8/1/05 – 7/31/07	Tiny Tots	INSTRUCTIONAL \$75
8/1/04 – 7/31/05	KG	INSTRUCTIONAL \$75
8/1/02 – 7/31/04	1 - 2	PRE-CADET \$85
8/1/00– 7/31/02	3 – 4	CADET \$85
8/1/98 – 7/31/00	5 – 7	JUNIOR \$90
8/1/92 – 7/31/98	8-12	SENIOR** \$95

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

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

I have enclosed the \$30.00 Facility Improvement 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: _____
 Parent or Legal Guardian

DATE: _____

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

NO REFUNDS ISSUED AFTER THE START OF THE SEASON!

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