

LATE Greater Pittston Stoners Youth Soccer Registration Form 2011 ***LATE***

Please print:

New or returning player
(circle)

Last name _____ First name _____ gender: M / F

Street address _____ City/Zip _____

Home phone _____ Cell phone _____ E-mail _____

Birth Date [mm/dd/yyyy] _____ School Attending _____ Grade _____

Previous coach _____

Parents or guardians names _____

Emergency contact phone # (other than primary number) Name and # _____

Medical problems: _____

Interest in volunteering? Yes _____ No _____ Available to coach Assist? Yes _____ No _____

Please note there is a \$25.00 fee for all returned checks

Content For Medical Treatment

As the parent or guardian of the above named player I herby give my consent for emergency medial care, prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life limb or well-being of my dependent.

EPYSA Release Statement

I the parent/ guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the EPYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and the activities (the programs), I herby release, discharge, and/ or ,otherwise indemnify the EPYSA, its affiliated organizational and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs, and or being transported to or from the same, which transportation is herby authorized.

Consent for Picture Release

I, the parent or guardian of the above named player, or adult registrant of legal age, herby give my consent for the use of pictures by the stoners organization for the purpose of publicity in the newspaper and /or on the Stoners web-site.

No refunds will be given for any reason

Parent or Guardian signature _____ Date _____

To Order Uniform Please See Order Sheet

\$68.00 (no uniform)

\$83.00 (with uniform order)

**** OFFICAL USE ONLY****

Birth Certificate # _____ NEW PLAYER ONLY

Method of payment: cash/check _____ Cash Amount: _____

Check Name: _____ Check #: _____

Check Address: _____ amount: _____

Date taken: _____ Age div. _____

Officer: _____ Uniform Order: Yes No

******Form must be filled even for just socks******

Uniform Order: (includes jersey, socks, and shorts) Please try on samples for size. (U-15 and older please see an officer)

Last name _____ First name _____

Jersey: YS YM YL AS AM AL AXL (Circle choice)

Shorts: YS YM YL AS AM AL AXL

Socks: Youth , Intermediate, Adult

extra socks can be ordered separately (\$5.00)