

TriBoro Soccer Club Fall 2018/Spring 2019 TRAVEL Registration

Date of Birth: _____ Team Age Division: U - _____ (Circle one) Boy or Girl

Are you interested in playing travel soccer (U9 & above)? (Circle one) Y or N

Coach or other request: _____
 (We will attempt to accommodate reasonable requests, but no guarantees)

1. Fill out and sign this registration form. **Print Clearly.**
2. Fill out and sign the RG6 form. BOTH forms are required!
3. Travel uniforms are ordered thru each individual travel team. Do NOT include here.
4. Date of Birth requirement is January 1.
5. PLEASE NOTE: Candy OR Buy-out is required. Waived for 3rd child and above in same family.

Player's Information:

First Name: _____ Last Name: _____

Primary Telephone #: _____ Email: _____

School District: _____ Medical Conditions/Allergies _____

Emergency Contact Name and Phone #

FEES	Registration	&	Candy Fundraiser	OR	Buyout			Total
ALL ages	\$90		\$60		\$35			

TRAVEL PROGRAM WILL REQUIRE AN ADDITIONAL \$70 UPON COMPLETION OF TRYOUTS

Refunds before September 1st: \$90. Refund is 50% after April 1st. NO refunds after the season starts. Fundraiser & buyout are non-refundable.

Your signature below indicates you have filled out everything correctly and understand the refund policy. Registration will not be processed if blank or are missing the fundraiser/buy-out.

Signature of parent or guardian: _____ Date: _____

Optional Contribution: TriBoro Memorial Scholarship Fund \$1.00 _____ \$5.00 _____ Other _____

Make all checks or money orders payable to TriBoro Soccer. Mail to P.O. Box 290, Whitehall, PA 18052

Total: _____ Check or Money Order Number: _____ *Check this box if you do NOT approve of your child's photograph being used on www.triborosoccer.org or other social media outlets.

COACHING OPPORTUNITIES AVAILABLE

TriBoro Soccer Club is a 100% volunteer organization.

Without volunteers we cannot do what we do for our kids.

Don't let your player be left out. If you enjoy working with kids, then sign up to help coach.

No experience necessary and free training is available. **Head Coaches and club officers qualify for the volunteer discount.**

(Check one) Head Coach _____ Assistant Coach _____ Club officer _____

First Name: _____ Last Name: _____

Telephone number: _____ Email: _____

-----All Coaches and officers need to fill out an RG6 form.-----



EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.
PARTICIPANT REGISTRATION FORM

2018-2019
RG-6

*Instructions for filling out this form: Print out a copy of this form. Fill it out completely and make sure it is signed by appropriate Parents(s)/Guardian(s). **Mail completed form to the LEAGUE REGISTRAR.***

CHECK ONE: TRAVEL RECREATIONAL

CHECK ONE:

PLAYER HEAD COACH ASSISTANT COACH ADMINISTRATOR TEAM PARENT/MANAGER

LEAGUE _____ CLUB _____

TEAM AGE DIV. U- _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TOWNSHIP/ BOROUGH _____ COUNTY _____

BIRTH DATE -- MALE FEMALE
M M D D Y Y

HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER US YOUTH SOCCER STATE ORGANIZATION IN THE 2018-2019 SOCCER YEAR? YES NO

IF YOU SELECTED YES TO THE PREVIOUS QUESTION, THE PLAYERS IS CONSIDERED A TRANSFER. YOU MUST PROVIDE THE FOLLOWING INFORMATION ABOUT THE PLAYER'S ID ON THE PREVIOUS 2018-2019 TEAM: STATE ASSOCIATION: _____

OUT OF STATE PLAYER ID _____ DOES THE PLAYER HAVE AN AUTHORIZED AND COMPLETED RELEASE DOCUMENT FROM HIS/HER TEAM APPROVED BY THE PREVIOUS US YOUTH SOCCER STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED? YES NO

PARENT(S)/GUARDIAN(S) NAME(S) _____

E-MAIL ADDRESS(ES) _____

HOME PHONE _____ WORK OR CELL PHONE _____

NOTE: This statement MUST be signed by Parent/Guardian for Minor Player; an Adult Player for him/herself; Coach for him/herself; and Administrator for him/herself.

I, the parent/guardian of registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of Eastern Pennsylvania Youth Soccer, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Eastern Pennsylvania Youth Soccer accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify Eastern Pennsylvania Youth Soccer, its affiliated organizations 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 registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize

PARENT/GUARDIAN OR ADULT SIGNATURE _____ DATE --

**RG-6 REVISED
MARCH 2018**