



EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION, INC. PARTICIPANT REGISTRATION FORM

RG-6

Check One:

TRAVEL RECREATION TEAM PARENT/

Check One:

PLAYER HEAD COACH ASSISTANT COACH ADMINISTRATOR MANAGER

Check One

New EPYSA Registrant Returning EPYSA Registrant League CPYSL

Club Dillsburg Area Soccer Club DASC Team Age Division MALE FEMALE

First Name Last Name

Address

City State PA Zip

Township/Borough County

Birthdate Player E-mail Address

Shirt size YS YM YL YXL AS AM AL AXL

Refund Procedures

Fall season registration fees will be refunded in full if the registrar or president is requested to do so in writing (by regular mail or e-mail) on or before June 1st of the year in which the registration fee is paid.

Parent(s)/Guardian(s) Names (please print)

E-mail Address(es)

Home Phone Work or Cell Phone

If you are interested in volunteering in any of the following areas, please check which ones:

Coaching Registration Field Set-up Tournament Team Parent

RELEASE STATEMENT

Note: This Statement must be signed by parent/guardian for minor player; an adult player for himself; coach for himself; and administrator for himself.

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.

Parent/Guardian or Adult Signature: Date: