

East Duplin Soccer Club Fall 2008 Youth Registration

Website: <http://www.edsc-nc.com>
You may mail application and check to:
PO Box 806, Beulaville, NC 28518

(U5)8/1/03-7/31/04
(U9)8/1/99-7/31/00
(U13-U14)8/1/94-7/31/96

(U6)8/1/02-7/31/03
(U10)8/1/98-7/31/99
(U15-U16)8/1/92-7/31/94

(U7)8/1/01-7/31/02
(U11)8/1/97-7/31/98
(U17-U18)8/1/90-7/31/92

(U8)8/1/00-7/31/01
(U12)8/1/96-7/31/97

Child's
First Name _____ MI _____ Last Name _____

Street _____ City _____ NC Zip _____

Telephone _____ Birth date ____ / ____ / ____ Age _____ Male ___ Female ___

Played Spring 2008: Yes/No Division Played: U- _____ Team Name/Jersey # _____

If applicable:

U6 Shirt Size _____ Girls U7/U8: I prefer my child to play : *coed* or *all girls*

E-Mail Address _____

Father's Name _____ Employer _____ Contact Number _____

Mother's Name _____ Employer _____ Contact Number _____

List any medical problem or prohibition player has _____

PERSON TO NOTIFY IN AN EMERGENCY _____ Telephone _____ Cell _____

Volunteers Needed (Please check)

Coach ___ Asst Coach ___ Team Manager ___ Field Preparation ___ Concession Stand ___

EDSC is an all-volunteer organization dedicated to providing an enjoyable and rewarding soccer experience to children and their parents. We receive **NO** public funding and our success is due to the hard work of volunteers.

AUTHORIZATION TO PLAY

I authorize my child to play youth soccer with the East Duplin Soccer Club(EDSC). I, one of the parents or guardians of the above named player, do hereby give my approval for my child to participate in any and all soccer activities. I do release and hold harmless from liability, whatever to the undersigned resulting from or in any manner arising out of any injury or damage, while participating in the activities of the East Carolina Soccer Association. In case of injury to my child I waive all claims against organizers, board members, or any supervisors appointed by them. **I further agree to abide by the rules, regulations, and decisions of EDSC, the EDSC Executive Board, Officers, or Referees.**

Parent or Guardian Signature and Date

Office Use Only

_____ \$50 U4-U8 Recreation

_____ \$55 U9-up Recreation

_____ \$70 Challenge

Comments:

Rec'd by _____ Date _____ Receipt # _____

Age Division: U- _____

Team Assigned _____