



# South Middleton Soccer Association

P.O. Box 482, Boiling Springs, PA 17007  
www.smsoccer.com info@smsoccer.com 717-486-5501

## PLAYER REGISTRATION FORM

Please print this form. Fill it in completely and have it signed by a Parent/Guardian.  
Provide copy of birth certificate if new player to SMSA. Mail with payment to SMSA Registrar.  
SMSA is a member of the Eastern Pennsylvania Youth Soccer Association (EPYSA).

Full Legal First Name			Full Legal Last Name			Home Phone			
Address			City			State		Zip	
Birth Date (mm/dd/yyyy)		Gender (M/F)		Grade in School (as of Sept)			Name of School		
<b>Uniform Size:</b>		Shirt (all players)    YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/>		Shorts (U-10 and older)    YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/>		Returning Spring U-09 and older players are to use uniform from Fall season.			
<b>Select a Season</b>			<b>Select an Age Group. Age is as of Aug 1. (Registration is subject to availability)</b>						
			<u>Age Group</u>		<u>Gender</u>		<u>Age</u>		
<input type="checkbox"/> Fall			<input type="checkbox"/> Under-6		Coed		4-5		
<input type="checkbox"/> Winter			<input type="checkbox"/> Under-8		M or F		6-7		
<input type="checkbox"/> Spring			<input type="checkbox"/> Under-10		M or F		8-9		
			<input type="checkbox"/> Under-12		M or F		10-11		
			<input type="checkbox"/> Under-14		M or F		12-13		
			<input type="checkbox"/> Under-18		M or F		14+		

### Parent/Guardian #1

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_ ext \_\_\_\_\_

Email \_\_\_\_\_

Mother       Father       Guardian

Volunteer: Head Coach       Asst Coach

Other: \_\_\_\_\_

### Parent/Guardian #2

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_ ext \_\_\_\_\_

Email \_\_\_\_\_

Mother       Father       Guardian

Volunteer: Head Coach       Asst Coach

Other: \_\_\_\_\_

(Other Positions: Pres, VP Player Dev, Secretary, Treas, Fields, Age Group Coordinator, Equipment, Uniform, Newsletter, Web site, Photo Day, Sponsors, Fundraising)

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Medical Conditions / Problems:** \_\_\_\_\_

Would you or your business like to sponsor a team?  Yes, please send more information.

### Release Statement

NOTE: This Statement MUST be signed by Parent/Guardian for Minor Player.

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 and SMSA, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA and SMSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA and SMSA, 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 SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Official Use Only:</b>	
Proof of Birth on File	Cash Pymt _____
<input type="checkbox"/>	Check# _____
	Entered in DB _____

Other Notes: