



# Eagle Mountain Soccer Association

P.O. Box 136037  
Fort Worth, TX 76136  
817-298-1668

<http://www.emsasoccer.org/>



## Player Info

Team Name (if requesting same team as Spring 2010) \_\_\_\_\_

**Please DO NOT put team name if you did not play prior season**

Request Open Draw \_\_\_\_\_ New Player \_\_\_\_\_

\*If you request OPEN DRAW give the team name you were on in the above space.\* Simply put a check mark if you are a NEW PLAYER.

\* Requesting open draw means you played the prior season and do not wish to be on the same team.

\* New player means you have NEVER played with EMSA or did not play last season.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Nearest Public Elementary School: \_\_\_\_\_

\* **PRINT NAME AS IT IS TO APPEAR ON PARTICIPATION AWARD**: \_\_\_\_\_

Child lives with: \_\_\_Mother \_\_\_Father \_\_\_Both \_\_\_Other (Relationship to child \_\_\_\_\_)

UNIFORM SIZE				Volunteer Interest						
Youth				Adult						
Shirts	XS	S	M	L	S	M	L	XL	Head Coach	_____
Shorts	XS	S	M	L	S	M	L	XL	Assistant Coach	_____
									Team Manager	_____
									Help As Needed	_____

*Uniforms are issued to all players in the Fall, and to players in the Spring who did not play in the Fall*

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant USYS Parties the right to use the player's name, pictures and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs. Any recreational player currently rostered to a recreational team wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.

\*\*\*By signing this form the parent(s) agree to abide by the Bylaws and codes of conduct of Eagle Mountain Soccer Association and North Texas State Soccer Association. Failure to do so can result in the parent(s) being unable to attend EMSA events.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Name: \_\_\_\_\_

Parent/Legal Guardian (please print)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Doctor to Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Make checks payable to EMSA      Return Check Fee \$25	Amount Rec'd \$ _____
	Cash/Check # _____
	Rec'd by _____ Date _____
	Birth Certificate
	Copy rec'd _____ on file _____ (last 2 seasons)