



**KUTZTOWN SOCCER CLUB
2010 FALL REGISTRATION
DISCOUNT DATE: May 11, 2010
REGISTRATION DEADLINE:
June 8, 2010**

**PLEASE MAIL TO:
KUTZTOWN SOCCER CLUB
PO BOX 1
KUTZTOWN, PA 19530
www.kutztownsoccerclub.com**

This form is ONLY for players who are at least 8 years old on 7/31/10! Please note early registration discount of \$25.00 if registration is postmarked by 5/11/10.

PLAYER'S SCHOOL GRADE ON 9/1/10 _____

This registration is for girls (ages 8 through 18) and boys (ages 8 through 13). Players are placed on teams by age, gender and in accordance with the US Youth Soccer Association. Practices, which are up to the discretion of the coach, are generally twice a week. Games start the weekend after Labor Day and will end in mid-November and are played on either Saturday morning/afternoon or Sunday afternoon. Games will be played in the Reading Berks Junior Soccer League.

If there is more than one team in an age group, the Club will hold player evaluations to determine team placement. You will be notified if a tryout is required for your child's age group. Your child must attend at least one of the two evaluation sessions.

All players will be required to purchase a uniform if they do not already have one. The uniform style will again be the blue and gray t-shirts with blue shorts and socks.

Mail your completed form to the above address. Please include the 3 page registration form, and a check/money order, payable to the Kutztown Soccer Club. **ABSOLUTELY NO CASH WILL BE ACCEPTED.**

GENERAL INFORMATION

Name and address information should be completed on the EPYSA release form on page 3. Be sure to fill in the **player's** name and information on the release, not the parent's name and birth date etc.! Please leave the "Player I.D.#" section blank, it is for Club registrar use only. Please type or print all information neatly to avoid registration errors!

All registrants must submit a 1" x 1" headshot picture for player pass. All U9 registrants must submit a birth certificate copy with registration. Registrants U10 and up only need to include a birth certificate copy if they have not previously registered with our club.

For assistance with determining your child's team age division, please refer to the chart on the "Registration Page" of the web site. (U9, U10, U11, U12, U13, U14, U15, U16, U17) Older age groups may be combined to roster enough players.

VOLUNTEER COACHES Please complete if you are willing to help coach one of our teams.
You will be contacted by our coaching coordinator.

VOLUNTEER NAME _____ **HEAD COACH** _____ **ASST COACH** _____

MEDICAL RELEASE STATEMENT

Please read and sign this statement. Your child cannot play or practice until this statement is signed.

I, the parent/guardian of the registrant, a minor, or an adult of legal age, do hereby give permission to have any and all emergency medical attention and/or treatment which may be necessary to be administered to the registrant _____ in the event of an accident, injury, sickness, etc. which may occur while the registrant is under the supervision of the Coach, Assistant Coach, League Representative or Tournament Official. This release shall be in effect until August 1, 2011. As parent/guardian, I assume responsibility for payment in full of any and all treatment provided.

Insurance Co. _____ Policy/ Group ID _____

Parent/Guardian Signature _____ **Date** ____/____/____

KSC UNIFORMS

Player Name _____ Phone # _____ Previous Coach _____

UNIFORM ITEMS			UNIFORM POLICY		
DESCRIPTION	PRICES	SIZES	All players are required to purchase a uniform if you don't already have one. Separates are available.		
Uniform T-Shirts 1 Blue, 1 Gray	\$15.00/set <small>you get both colors</small>	Full Uniform Pkg. \$30.00			
Uniform Shorts	\$11.00				Youth: YS YM YL Adult: AS AM AL AXL
Socks	\$5.00				Youth: YM YL Adult: AS AM AL AXL
		Youth or Adult			

Circle Uniform Size by hand after printing

Total uniform order amount due: <i>Please transfer this amount into the section below.</i>	\$ _____
--	----------

REGISTRATION FEE		Make your check payable to: "Kutztown Soccer Club" and mail completed forms to: Kutztown Soccer Club PO Box 1 Kutztown, PA 19530 <i>*DO NOT DELAY REGISTRATION BECAUSE OF PAYMENT ISSUES. We will gladly waive fees and/or work out a payment plan to help you out. Just contact Rich Reimert.</i>	
Any registration postmarked after 6/8/10 will not be accepted. NO EXCEPTIONS!			
?	Did you remember to include player photo (headshot 1"x 1") and birth cert. if required?		?
REGISTRATION FEE	\$ 62.00 U9-U13 \$ 75.00 U14 and up		
LESS \$25 EARLY REG. DISCOUNT (before 5/11/10)	- (\$ _____)		
PLUS: UNIFORM ORDER	+ \$ _____		
TOTAL DUE	+ \$ _____		
PLEASE WRITE YOUR CHECK # AND AMOUNT HERE --># _____ CHK AMT _____			
<i>No refunds after Reading Berks League registration is submitted.</i>			
For registration or uniform questions please contact Rich Reimert at 610-756-4105			

Parents,
 When you register your children you become a member of the Kutztown Soccer Club. As a member, you are entitled to help decide what happens in the club by attending the monthly club meetings held the third Tuesday of each month at the Kutztown Fire Company at 8pm. Everyone is welcome and encouraged to attend. The club is run by volunteers and we sure could use more involvement.

Thank you,

Kutztown Soccer Club
 Board of Directors



EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.
PARTICIPANT REGISTRATION FORM

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 Parent(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 USYS ORGANIZATION IN THE 2010-11 SOCCER YEAR? YES NO

IF YOU SELECTED YES TO THE PREVIOUS QUESTION, THE PLAYER IS CONSIDERED A TRANSFER. YOU MUST PROVIDE THE FOLLOWING INFORMATION ABOUT THE PLAYER'S ID ON THE PREVIOUS 2010-11 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 USYS STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED? YES NO

PREVIOUS TEAM DID COMPETE IN A 2010-11 STATE CUP COMPETITION YES NO

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

E-MAIL ADDRESS(ES) _____

HOME PHONE _____ WORK OR CELL PHONE _____

Release Statement

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 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 its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA, 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 - -
M M D D Y Y

Eastern Pennsylvania Youth Soccer Association
TWO VILLAGE ROAD, #3 • HORSHAM, PA 19044 • 215.657.7727 • www.epysa.org
AFFILIATED WITH UNITED STATES SOCCER FEDERATION (USSF) AND FEDERATION INTERNATIONALE DE FOOTBALL ASSOCIATION (FIFA)