



**KUTZTOWN SOCCER CLUB
U8/U6 2010 FALL REGISTRATION
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 4, 5, 6 or 7 years old on 8/1/10.

We are in serious need of parental help to coach and assist with the U6/U8 teams. We need coaches for the U8 fall season, please contact Rich Reimert (610)756-4105 if you can help. Please contact Hugh Smith (hsmith@firelock.com) if you can help with the U6 program.

This registration is for our U6 and U8 Fall programs. All teams are intramural and all games are played in Kutztown. The registration fee is \$30.

For the U8 program, youths are placed on a team at the beginning of the season. Team practices start at the end of August, and are usually in the evenings, twice a week. Games are played on Sunday afternoons, beginning after Labor Day through the end of October.

For the U6 program, games and practice are combined into 8 sessions, held on Saturday mornings starting in early September. Youths are divided into different teams each session. Sessions are about 1½ hours. Half of each session is practice, and half is playing games.

All U6 and U8 players will get a "uniform t-shirt". Players are responsible for their own shorts, socks, shin guards and soccer shoes. Please mail your completed form to the above address before June 8, 2010. Include 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!

For assistance with determining your child's team age division, please refer to the chart on the "Registration Page" of the web site. (U6, U8)

PLAYER'S SCHOOL GRADE FALL 2010 _____ **or** **CHECK IF IN PRESCHOOL** _____

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 T-SHIRT INCLUDED IN REGISTRATION		
DESCRIPTION		SIZES
Youth T-shirt Size	_____	<p>All apparel is available in YM YL AS AM AL AXL AXXL</p> <p>Youth Shirt Size Helper YS = size 6-8 YM = size 10-12 YL = size 14-16</p>
Adult Volunteer Coach T-shirt Size	_____	

<h2 style="margin: 0;">REGISTRATION FEE</h2> <p style="font-size: small; margin: 5px 0;">*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.</p>	<p style="text-align: center;">Make your check payable to: "Kutztown Soccer Club" and mail completed forms to: Kutztown Soccer Club PO Box 1 Kutztown, PA 19530</p> <p style="text-align: center;">www.kutztownsoccerclub.com</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">REGISTRATION FEE DUE</td> <td style="width: 30%; text-align: center; padding: 5px;">\$ 30.00</td> </tr> </table>	REGISTRATION FEE DUE	\$ 30.00	
REGISTRATION FEE DUE	\$ 30.00		
<p>PLEASE WRITE YOUR CHECK # AND AMOUNT HERE → CHK # _____ CHK AMT \$ _____</p>			
<p style="text-align: center;">For registration or uniform questions please contact Rich Reimert at 610-756-4105</p> <p>Parents,</p> <p>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.</p> <p>Thank you,</p> <p>Kutztown Soccer Club Board of Directors</p>			



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)