

*Please print this form, fill out & bring with you to try-outs



2009/2010 ODP Player Application

USYSA/EPYSA State Select Program

U-12 (1998); U-13 (1997); U-14 (1996); U-15 (1995); U-16 (1994); U-17 (1993)

Age Group: _____ Male _____ Female _____

Date of Birth - Year: _____ Month: _____ Day: _____

If you are not a USYSA/EPYSA registered player, you must register to try out.

E-mail kateobie@epysa.org and she will forward instructions to you.

EPYSA Player ID # _____ Field Player Goalkeeper

Player's First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: PA ZIP: _____ Phone: ()-_____-_____

Club: _____ Team Name: _____ League: _____

City and State of Birth: _____ U.S. Citizen: Yes No

Players 1995, 94, 93 must complete: Year of High School Graduation: 20____ GPA: _____

Player's E-mail address: _____@_____

Mother's Name: _____ Mother's E-Mail: _____

Mother's Cell Phone: ()-_____-_____ Mother's Work: ()-_____-_____

Father's Name: _____ Father's E-Mail: _____

Father's Cell Phone: ()-_____-_____ Father's Work: ()-_____-_____

Registration Payment Information

The registration fee is \$30.00 for pre-registration, electronically or via US mail. If you register at the field the fee is \$35.00. **If you register on-line, you must bring a signed copy of your on-line ODP Application to the tryout with a copy of both sides of your Insurance Card.** Attach a copy of both sides of your Insurance Card (front and back on same 8-1/2 x 11 inch letter size paper) to your application. You will receive a t-shirt at your first tryout. You **MUST** wear this t-shirt to all tryouts.

If you lose your t-shirt, you must pay a \$15.00 replacement fee.

Medical and Emergency Information

In case of a medical emergency, if the parents cannot be reached, who should be contacted?

Contact Name: _____ Relationship to Player: _____

Contact Cell Phone: ()-_____-_____ Contact Home Phone: ()-_____-_____

Family Doctor: _____ Phone: ()-_____-_____

Family Dentist: _____ Phone: ()-_____-_____

Any major illness or injuries within the past year of which we should be aware?: _____

Any allergic reactions, prescribed medication use or other medical conditions of which we should be aware?: _____

Consent

The applicant has been granted permission to attend and participate in the USYSA/EPYSA State Select Program (includes trials and/or team participation). In exchange for the privilege of participation, I, Parent/Guardian of the above applicant, a minor, agree that I and the participant will abide by the rules of the USYSA/EPYSA, their affiliated organizations and sponsors. Recognizing that the possibility of physical injury can be associated with soccer, I hereby release, discharge and/or otherwise indemnify the USYSA/EPYSA and their affiliates, against any claims by or on behalf of the registrant as a result of participation.

As a parent or legal guardian of the above player, I hereby give my 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 life, limb or well being of my dependent.

Date: _____ / _____ / _____

Signature of Parent/Guardian

If not registering on-line, please send completed application to: EPYSA State Office, 2 Village Road, Suite #3, Horsham, PA 19044

Administrative use only: Check: Paid On-line Shirt Color: _____ Shirt #: _____