Easthampton Youth Soccer Association

P.O. Box 1174 Easthampton, MA 01027

KINDERGARTEN REGISTRATION FORM

Once completed mail to above address along with payment

Kindergarten League Registration Fees:

$50 for each child, includes ball, shirt and socks

Late fee of $15 per child applies as of June 5th. Registration cutoff date – July 2nd.

Child's Name: ____ Sex: M_____ F______

Address: ____

Number and Street Town

Home Phone: ___________________________ Email: ___________________________________

Emergency Phone: ______________________Birthdate: ______________ Age: _______

Month/Day/Year Years

Shirt Size: S M L XL

Physical Impairments (if any): ____

Medical Insurance: ____

Name of Company Policy Number

STATEMENT OF GOOD HEALTH

I hereby certify that my child is in good health and may participate in all games, activities and practices.

EMERGENCY TREATMENT

In case of emergency, I grant my permission for my child to be given emergency treatment at a local hospital.

I _____ **DO** _____ **DO NOT** give permission for pictures of my child to appear on the EYSA, Inc. website. Children's name will **NOT** be included with pictures.

__________________________ ____

Date Signature of Parent or Guardian

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Printed Name of Parent or Guardian

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VOLUNTEERS

_____ Coach _____ Asst. Coach _____ Referee _____ Concession Stand _____EYSA Board of Directors