

EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION, INC. PLAYER STATUS FORM



Name (Print)		ID Number	
Address		Date of Birth/ Phone ()
City		State ZIP	
SIGNATURE – Player		Date / /	
	New player, not previously registered this seasona ect Player joining a league team. Must surrender D		
New Team ID	New Team Name	League	·
RELEASE - PI	ayer is removed or released from roster. Pass is reto	urned to League Registrar unless moving on	as a Transfer.
Present Team ID	Present Team Name	Lea <u>o</u>	gue
	Already Registered Player is moving to a new tear		
Maximum cumulat	tive total of 5 (five) Transfer Players per team per s	seasonal year.	e obtained).
New Team ID	New Team Name	Leag	ue
SECONDARY	A Sarandam Diagram mass is most death in the lea	anno colores de la lacción del consellar de la decimal de	-d 14 is now to be seed for
tournament or cup	/ — A Secondary Player pass is good only in the lead only in the Primary	Team. If a player should wish to become a	Primary Player on a team
where he/she has b		Secondary team and then Transfer to that t	eam as Primary following
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INFORMED CONSENT & MEDICAL RELEASE PLEASE PRINT NEATLY

Player's Name	Birthdate
Known Medical Conditions	
occer Club. I also give my consent ny child in the event of an accident	ild listed above to participate in the sport of soccer with the Hanover to for any and all necessary medical attention to be administered to t, injury, sickness, etc. under the direction of the person (s) listed contacted. I also assume responsibility for payment of any such
n the event I cannot be reached, th	ne following person (s) are so designated:
Name:	Name:
Relation:	
Address:	Address:
Phone #:	Phone #:
Physician:	
Insurance Company:	
isks associated with participation in	·
Address:	
	Cell Phone:
E-Mail:	or
understand this informed consent a ehalf of my child.	and medical release form and agree to these conditions on

Coaches must have this form in their possession at all practices and games. A copy of this form is needed for each child participating in the Hanover Soccer Club.