



East Windsor PAL Travel Soccer Tryout Registration Form

Player's name: _____ Boy / Girl

Player's Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____

Parent/Guardian Names: _____

Home Phone: _____ Business: _____ Cell: _____

E-Mail Address: _____

Is the player interested in playing Goal Keeper (check if interested)

Does your child have any medical condition that would preclude or restrict participation in the program? (Circle one) NO YES (explain):

Parent or Guardian Authorization

I attest that all the information provided above, is to the best of my knowledge, true and accurate. I agree to abide by all the rules and regulations of the PAL. I pledge to act in a sporting manner at all times and to support my player, coach, team and game officials. I understand that my child and I may be suspended from EWPAL activities if I act in a violent, profane, or unruly manner during practice or games. In the event of an emergency, accident, or injury which occurs while this person is participating in a PAL program or traveling to or from such a program, and I am not present, I hereby give permission for the adult representative of the PAL to secure whatever medical and hospital care necessary, and agree to be financially responsible for such care and treatment. I further agree to hold the EWPAL, and its representatives, organizers, and sponsors free from all personal liability in connection with any such emergency, accident or injury.

Parents Signature: _____ Date: _____

Print Name _____