

East Windsor PAL Travel Soccer Tryout Registration Form

E-Mail Address: _____

Player's name: _____

Player's Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____

Parent/Guardian Names: _____

Home Phone: _____ Business; _____ Cell: _____

Shirt Size (Circle One): YM YL AS AM AL AXL

Does your child have any medical condition that would preclude or restrict participation in the program? (Circle one)

NO YES (explain): _____

Age Groups for 2010-2011

Age Group	Birthdates
U9	8/1/2001 thru 7/31/2002
U10	8/1/2000 thru 7/31/2001
U11	8/1/1999 thru 7/31/2000
U12	8/1/1998 thru 7/31/1999
U13	8/1/1997 thru 7/31/1998
U14	8/1/1996 thru 7/31/1997
U15	8/1/1995 thru 7/31/1996
U16	8/1/1994 thru 7/31/1995
U17	8/1/1993 thru 7/31/1994

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.

Signed: _____ Date: _____