



www.emssc.org

EMSSC  
PO Box 455  
East Moline, IL 61244  
www.EMSSC.org

## DEADLINE FOR REGISTRATION

### August 1, 2009

*Any registration submitted after this date will be returned to sender NO EXCEPTIONS.*

Go to [www.emssc.org](http://www.emssc.org) to register online. Online registration gives you the convenience of paying fees by credit card! **All registrations received by July 1<sup>st</sup> will be entered in a drawing for a chance to win a FREE registration fee!**

Please keep this half of the registration form as it contains valuable information. Please consider volunteering as a coach in order to help your child have a positive experience. This registration is for the fall/spring 2009-2010 season. Please make sure that a parent or guardian signs the waiver. The fee is \$50.00 per player / \$100.00 family max. **Please attach family memberships to each other with proper registration fees (include fundraiser "Buy Out" if applicable).**

Questions about your registration? Please check our website for registration information or contact: Megan Pauwels at (309)314-4342 or e-mail at [registrar@emssc.org](mailto:registrar@emssc.org).

Coaches will contact you after the coaches meeting during the week of August 31. If you do not hear from your child's coach by September 5, please call the Head Recreation League Coach: Billy Stevens at (309)314-4878 or e-mail at [rec@emssc.org](mailto:rec@emssc.org)

The season will start on September 12 and end October 17. All games will be played on Saturday Mornings with practices during the week. A schedule of events is posted at EMSSC.org for your convenience.

**PARENT-VOLUNTEER RESPONSIBILITIES:** Please remember that EMSSC only works because of the tremendous effort of all of our volunteers! We need your help for concession and field marshal duties. Your team coach will be informed of when your times are for this duty and it will be up to all of you to help him/her fill these times. You can be a great asset to him/her by stepping up and volunteering!

**COACHING INFORMATION:** If you would like to coach or assist your child's team, please mark the appropriate area on the registration form. Coaches will be selected, approved, and notified by August 15, 2009. **All volunteer coaches will receive a \$25 rebate from a child's registration for each session they coach.** This will apply to the next registration submitted. *All coaches must attend the mandatory coaches meeting on August 22. Coaches must also inform the club of shirt size so that we can provide you a properly fitting shirt*

### Section 1 – Player Information

Player's Last Name		First Name		Middle	Birth Date (day/month/year)	Age	Gender	<input type="checkbox"/> Male
							<input type="checkbox"/> Female	
School				Grade	Physical Limitations/Medical Conditions			
Prior Playing Experience	<input type="checkbox"/>	None		Please Circle Player's Shirt/Jersey Size:		Please describe any medical conditions or allergies....		
	<input type="checkbox"/>	Years Prior Rec League		Y-S / Y-M / Y-L / Y-XL				
	<input type="checkbox"/>	Years Prior Travel League		or				
	<input type="checkbox"/>	Current Travel Player		A-S / A-M / A-L / A-XL / A-XXL				

### Section 2 – Parent/Guardian/Emergency Contact Information

Parent/Guardian Last Name		First Name		Middle	Relationship to Player			
Street Address					E-Mail Address			
City		Zip			Home Phone Number			
I am volunteering to coach this player's team. My shirt size is: A-S / A-M / A-L / A-XL / A-XXL / A-3XL					Cellular/Other Phone Number			
Emergency Contact Last Name		First Name		Middle	Contact Telephone Number			

### Section 3 – Recreational League Spring Fundraiser

<input type="checkbox"/>	I agree to participate in the Rec League fundraiser
<input type="checkbox"/>	I do not wish to participate in the Rec League fundraiser, and I have included a \$25 per registrant "Buy Out" fee with this application.

### Section 4 – Medical Waiver

I hereby give permission for the named child to participate in youth soccer activities during the coming season and acknowledge that I have voluntarily requested EMSSC to allow the child to participate in EMSSC soccer programs. I understand that the activities in soccer programs involve risks and hazards. I represent that the child's physical condition is adequate to allow him/her to safely participate in soccer activities and I assume the risk of injury as my responsibility. I consent to, and authorize, emergency medical treatment in case of injury and I understand that any medical costs will be my sole responsibility. I further release, discharge, indemnify, and hold harmless EMSSC and its agents for any claims, causes of action, liability, or damages arising from or by reason of any injury, damage, or loss which may arise as a result of any activities related to said soccer programs, whether or not such injury, damage, or loss was caused by its negligence or from any other cause, and further including damages related to administration of emergency medical care as authorized in this statement.

Parent/Guardian Signature	Date

### Section 5 – Volunteer Information

In order for EMSSC to continue to provide one of the best and lowest cost programs in the Quad Cities area, it is *essential* that we have parent volunteers to help with club activities. *Please mark below where you can help!*

Board of Directors    
 Field Setup    
 Fundraising/Sponsorship    
 Labor Day Shootout    
 Board Committees

### Section 6 – Payment

Make check payable to "EMSSC" and mail to: EMSSC ATTN: Registrar PO Box 455 East Moline, IL 61244	\$	Registration (\$50)
	\$	Fundraiser Buy Out (\$25, if applicable—Section 3)
	\$	Total Enclosed

### Section 7 – EMSSC Use Only

DATE: _____	PAID\$ _____	CHECK # _____	CASH/MONEY ORDER _____	HS _____
AGE _____	TEAM _____	COACH _____	BUYOUT _____	
FAMILY PLAN _____	ROSTERED DATE _____	PROCESSED BY _____		