



Ebony City Soccer Club (ECSC) Registration Form



Please check one: ☐ Ages 4-7; ☐ U11-U14; ☐ U15-U19 -Fall , Spring, Summer; ☐ New ☐ Transfer ☐ Return ☐ Change

Complete the form (one for each player); Provide copy of birth certificate. Please make check payable to ECSC.
Address:

Official Use Only: ☐ New ☐ Transfer ☐ Change/Correction

League Name:	Age Group:	Division:
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Club/Team Name: _____

Use Code Only

Region:	State:	District:	League:	Club:	Team:	Recreational = R Competition = C
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Player Information

Last: _____ First: _____ (as on birth certificate - no nicknames)

Mailing Address Street or PO Box/Street _____
City _____, SC Zip: _____ Home Phone (843) _____ - _____

Height _____ Weight _____ School _____

Birth Date: ____/____/____ Age: ____ Sex: ____ Size: **S M L XL** (Shirt____ Shorts____ Youth____ Adult____)

Doctor: _____ Dr's. Phone (843) _____ - _____

List any medical problem or prohibition player has: _____

Parent Information

Dad's Name Last: _____ First: _____ Occupation: _____
Bus. Phone:(843) ____ - ____ Mobile/Pager #: (843) ____ - ____ e-mail: _____

Mom's Name Last: _____ First: _____ Occupation: _____
Bus. Phone: (843) ____ - ____ Mobile/Pager #: (843) ____ - ____ e-mail: _____

Parental Support & Sponsorships

We ask for 4 hours of active participation of all parents in our program. Please check Area(s) in which You are able to help. You will be contacted prior to the start of season by a board member. Thanks

<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Team Parent
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Board Member	<input type="checkbox"/> Publicity
<input type="checkbox"/> Committee	<input type="checkbox"/> Referee	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Clerical
<input type="checkbox"/> Reporter	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Concessions	<input type="checkbox"/> Donor

NO REFUNDS after final team forms are filed with LSYS (Lower State Youth Soccer Ass)

OFFICIAL USE ONLY

Picture Received <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth date Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Player Fee.....\$	_____
Coach's Fee.....\$	_____
Other.....\$	_____
Total: _____	
Cash _____	Check# _____
Signature: _____ Date _____	

Release Statement and Medical Consent:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Ebony City Soccer Club, **SC Youth Soccer Association**, The United States Youth Soccer Association . Youth Division of the United States Soccer Federation (USSF), affiliated with the Federation International de Football Association (FIFA), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for the Ebony City Soccer Club, **SC Youth Soccer Association**, and the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and otherwise indemnify the Ebony City Soccer Club, **SC Youth Soccer Association**, US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I also hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child/children.

Signature of Parent or Guardian: _____ **Date:** ____/____/____