

# Eagle Mountain Soccer Association

## *Registration Instructions*

### **1. What is required of all Players?**

- 2 Documents--Completed Registration Form and Photocopy of birth certificate on file. Player must be 4yrs old by **7/31/08** to play this season.

### **2. What does registration cover?**

- Registration includes jersey, shorts, socks and participation award. All players on U10 and younger teams will receive a trophy and all teams U11 and older will receive a participation award.

### **3. How are teams formed?**

- Returning players are automatically placed on their previous team (if team makes) unless open draw is requested. **Please note:** Returning coaches determine which age division their team will play; therefore, all returning teams may not continue from the prior season. If a season was skipped, placement on prior team will depend on availability - **no guarantees**. Players skipping more than one season are placed in open/blind draw.

*Requests for team assignment will be **considered** at the U5 through U8 age levels only – **no guarantees**.*

- Players are randomly placed from the open/blind draw based on closest elementary school (even if they do not attend). Due to factors such as different numbers of players from each school, players from different schools may be placed on the same team. Additionally, because the process is random, your child may be on a different team than your neighbor, even if the same age. This team formation policy promotes objectivity and allows for a timely process.

### **4. My child registered after July 27th, 2008. Can they still return to their old team?**

- No. Players registering after July 27th, 2008 (including reg. forms postmarked after this date) will be placed on the wait list - **no exceptions**.

### **5. Do you offer refunds?**

- Yes, A100% refund can be granted if requested with-in 7 days of registration ending (registration ends July 27th) or if the child can not be placed on a team after open draw. A 50% refund will be granted if it is requested from the day after registration ends until the season starts (see EMSA website calendar for start date). No refund will be granted after the season starts. **\*\*\*Extenuating circumstances i.e. moving out of the area, broken limb, etc. should be directed to the registrar for review.\*\*\***

### **6. Fees**

**All New Players:** \$70/child

**Returning Players** (from **Spring 2008 ONLY**): \$65/child

Late registration: after July 27<sup>th</sup> registration + \$20 late fee per child.

### **7. Age Groups**

- In the effort to keep our children safe and competitive, EMSA will place children on teams forming as many "age-pure" teams as possible.

### **8. By signing the registration form the parent(s) agree to abide by the Bylaws and Codes of Conduct of Eagle**

Mountain Soccer Association and North Texas State Soccer Association. Failure to do so may result in the parent(s) being unable to attend EMSA events.

### **9. Sign and mail form with check to: EMSA, ATTN: REGISTRAR, P.O. Box 136037 Fort Worth, TX 76136.**

Feel free to make copies of the registration form for your friends.

### **10. Please visit [www.emsasoccer.org](http://www.emsasoccer.org) often for additional information pertaining to the fall season or to register online using [active.com](http://active.com).**

Regular registration: June 16<sup>th</sup>-July 27<sup>th</sup>, 2008. (Mail-in & on-line)

\*\*\*\*Walk-in registrations will be held Sat. July 12<sup>th</sup>, 19<sup>th</sup> & 26<sup>th</sup> from 11AM-4PM, and Sun. July 27<sup>th</sup> from 1PM-5PM **Locations: Whataburger in Azle and Taco Casa in Saginaw.**

Late registration: after July 27<sup>th</sup> - No guarantee of a team.



# Eagle Mountain Soccer Association

P.O. Box 136037  
Fort Worth, TX 76136  
817-298-1668

<http://www.emsasoccer.org/>



## Player Info

Returning same team (Only if played immediate prior season) \_\_\_\_\_ Request Open Draw \_\_\_\_\_

Team Name: \_\_\_\_\_ Last Season/Year Played: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Nearest Public Elementary School: \_\_\_\_\_

*\*PRINT NAME AS IT IS TO APPEAR ON PARTICIPATION AWARD:* \_\_\_\_\_

Child lives with: \_\_\_Mother \_\_\_Father \_\_\_Both \_\_\_Other (Relationship to child \_\_\_\_\_)

UNIFORM SIZE					<u>Volunteer Interest</u>			
					Head Coach _____			
					Assistant Coach _____			
					Team Manager _____			
					Help As Needed _____			
		Youth			Adult			
Shirts	XS	S	M	L	S	M	L	XL
Shorts	XS	S	M	L	S	M	L	XL

*Uniforms are issued to all players in the Fall, and to players in the Spring who did not play in the Fall*

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant USYS Parties the right to use the player's name, pictures and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs. Any recreational player currently rostered to a recreational team wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.

*\*\*\*By signing this form the parent(s) agree to abide by the Bylaws and codes of conduct of Eagle Mountain Soccer Association and North Texas State Soccer Association. Failure to do so can result in the parent(s) being unable to attend EMSA events.*

As the parent or legal guardian of the above-named player, I hereby give 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 dependent.

Name: \_\_\_\_\_

Parent/Legal Guardian (please print)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Doctor to Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Make checks payable to EMSA    Return Check Fee \$25	Amount Rec'd \$ _____
	Cash/Check # _____
	Rec'd by _____ Date _____
	Birth Certificate
	Copy rec'd _____ on file _____ (last 2 seasons)