



Abington Community United Soccer  
A. C. United Soccer

Eastern Pennsylvania Youth Soccer Association  
**PARTICIPANT REGISTRATION FORM**

Check ONE:

Check ONE:

Check ONE:

LEAGUE\_\_\_\_\_

Travel

New EPYSA Registrant

Player

Club Name A.C. UNITED

Returning Registrant

Coach

Age Division\_\_\_\_\_

Administrator

Last Name\_\_\_\_\_

First Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone: work:\_\_\_\_\_ home:\_\_\_\_\_ cell:\_\_\_\_\_

Email address\_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Sex:  M  F Parent/Guardian name:\_\_\_\_\_

**Release Statement:**

Note: The statement should be signed by parent/guardian for minor player, coach and administrator for themselves.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of AC United and the EPYSA, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for AC United and the EPYSA accepting the registrant for its sponsors and activities, I hereby release, discharge and/or otherwise indemnify AC United and the EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for their Program, against any claim by or on behalf of the registrant as a result if the registrant's participation in the Program, and/or being transported to and from the same, which transportation I hereby authorize.

Parent(s)/Guardian(s) or Adult signature\_\_\_\_\_

Date(mm/dd/yyyy )\_\_\_\_\_

**Parent participation** (please check one):

Coach

Team Parent

Assistant Coach

Field Maintenance

Other (describe) \_\_\_\_\_

Fee: \$125.00 (Make check payable to A. C. United Soccer)

Check Number:\_\_\_\_\_

A.C. United Soccer  
PO Box 1065  
Abington, PA 19001