

Form must be filled out in full & returned upon receiving an invitation to play.

2019/2020 PENN UNITED FORCE, F.C. PLAYER COMMITMENT FORM

Name: _____ Birth date: _____ Home Phone _____

Sex: F M Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

List any medical issues to be aware of:

Parent/Guardian Names: _____ Phone: _____

Emergency contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Check appropriate age group: Boys _____ Girls _____

___ 2001	___ 2005	___ 2009
___ 2002	___ 2006	___ 2010
___ 2003	___ 2007	___ 2011
___ 2004	___ 2008	

PARENT CONSENT

(_____) has my permission to participate in the Penn United Force program. In consideration of your acceptance of my enrollment, I, the player and we, the parents, individually and collectively, intending to be legally bound, hereby for ourselves and our heirs, executors and administrators, waive and release the Penn United Force Soccer Club, its agents and representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the player, directly or indirectly, in training for traveling to and from, or competing in or while attending any future Penn United Force functions. I acknowledge that the registration fee does include only secondary accident insurance coverage. I consent for medical treatment for my child in the event of an emergency.

EPYSA RELEASE STATEMENT

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 the EPYSA and Penn United Force Soccer Club accepting the registrant for its soccer programs and activities (the program- "Programs"). I hereby release, discharge and/or otherwise indemnify the EPYSA and Penn United Force Soccer Club and its affiliated organizations and sponsors, their employers and associated personnel, including the owners of fields or facilities utilized 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.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Name Signature _____ Date _____

Program cost is U11-U18: \$1,450, U9/10: \$1,150. A deposit of \$200 is due with the submission of this form. PLEASE RETURN THIS COMPLETED FORM ALONG WITH YOUR INITIAL CHECK OF \$200 PAYABLE TO "Penn United Force", SENT TO ESTHER FRISBIE TO RESERVE YOUR SPOT ON THIS TEAM.

ESTHER FRISBIE
1888 STURBRIDGE DRIVE
LANCASTER, PA 17601