

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

## 2021/2022 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 \_\_\_\_\_

\_\_\_ 2002                      \_\_\_ 2007

\_\_\_ 2003                      \_\_\_ 2008

\_\_\_ 2004                      \_\_\_ 2011

\_\_\_ 2005                      \_\_\_ 2012

### 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**