



Essex Shipbuilders Athletic Association (ESAA) 2009 Fall Soccer Program/Registration/Medical Form

Player Information

Player's Name: _____ Date of Birth: _____ Gender: Male Female

Grade Entering 2009-10 School Year: _____ Name of School: _____

Shirt Size (circle one): Youth Small Youth Med. Youth Large/XL Adult-Small

Parent/Guardian Information

Name: _____ Address: _____ City: _____

Phone: _____
(include all work, home, cell #'s)

Medical/Emergency Information

In case of emergency, if I, or the family physician cannot be reached, I hereby authorize my child to be treated by certified emergency personnel (i.e. EMT, First Responder, ER Physician, etc.).

Family Physician: _____ Phone: _____

Address: _____ City: _____

Hospital Preference: _____ Insurance Co.: _____ Policy#: _____

Medical History/Information

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. diabetic, asthma, seizure disorder, allergies, etc.):

<i>Medical Diagnosis</i>	<i>Medication</i>	<i>Dosage</i>	<i>Frequency of Dosage</i>

If medication is required, will this medication be present with the player? (*circle one*) Yes No

Does the player know how to administer his or her own medication? (*circle one*) Yes No

Date of Last Tetanus Booster: _____

Emergency Contact

Name/Relationship to Player: _____ Phone: _____
(include work, home, cell #'s)

Alternative Emergency Contact

Name/Relationship to Player: _____ Phone: _____
(include work, home, cell #'s)

Parent/Guardian Authorization

I hereby grant permission and authorize my child to participate in the ESAA fall soccer season. I understand the possibility of injury inherent to this activity and realize that all risk or injury or loss of any kind is assumed by the registrant and/or legal guardian and will hold harmless and free of responsibility both instructors and the Essex Shipbuilders Athletic Association and/or their agents and representatives for any and all losses and/or injuries sustained by the registrant. My child has had an updated physical exam by our family physician and is fully insured by medical health insurance.

Authorized Parent/Legal Guardian

Date



Essex Shipbuilders Athletic Association 2009 Fall Soccer Program

Registration is also available on-line @
www.goesaa.org !!!

The 2009 Fall Soccer Program will begin this year on Saturday, September 12th and run through Saturday, October 31st, Halloween. There will be soccer on Columbus Day Weekend and a date of Saturday, November 7th for makeup games, if necessary. All levels will be playing on Saturday mornings in Essex at Memorial Field (behind Town Hall). The times will be as follows:

- | | |
|--|-------------|
| ○ Jr. Kickers (Preschoolers-based on # participants) | 9:00-10:00 |
| ○ Kickers (& Kindergarten): | 9:00-10:00 |
| ○ U8 (Grades 1-2): | 9:00-10:30 |
| ○ U10 (Grades 3-4): | 10:30-12:00 |

All players will be given a soccer shirt, shorts and socks to keep. Players will need to have their own soccer cleats and shin guards. As we need to order uniforms ahead of time, please register in time to guarantee your child receives a uniform.

Please complete the following and mail by Wednesday, July 1st, 2009:

- Registration/Medical Form
- Make check payable to ESAA
- Mail form & payment to: Essex Shipbuilders Soccer Registration (ESAA)
P.O. Box 593 Essex, MA 01929

Fee: \$70.00/Player, \$50.00 /3rd Player (If you have 3 kids playing the cost would be \$190.00)

Late Fee: \$30.00 fee if received after 7/01/09-no exceptions. However, late fees do not apply to Jr. Kickers & Kickers. Scholarships are always available due to financial hardship.

For the program to be successful, we need parents to help coach. Your help will be greatly beneficial and appreciated. If you are interested please complete below. If you have any questions, contact Peter Quine at 978.768.7279 or pmquine@gmail.com.

I am interested in being a: Head Coach Assistant Coach

Name: _____ Email/Phone: _____

ESAA Contacts

Peter Quine: 978.768.7279 or pmquine@gmail.com
Ruth Price: 978.768.2519 or ruth_price@hotmail.com
Jeff Soulard: 978.768.3513 or jeff@soulardcpa.com