

# COUNCIL ROCK UNITED SOCCER ASSOCIATION, INC.

PO Box 839 ♦ Richboro, PA 18954 ♦ (p) 267-988-4053 ♦ [www.crusa.net](http://www.crusa.net)

## Supplemental Travel 2010 (by invitation only)

### Registration Process

1. If you need a uniform fitting, go to *Angelo's Soccer Corner*, 2074 County Line Rd. Huntingdon Valley, PA 19006
2. Complete this form
3. Send this form and a check for \$150 payable to **CRUSA** to address above.
4. You will be notified via email when your uniform is ready for pickup at Angelo's.

**Uniform Number** \_\_\_\_\_

**Registration Fee: \$150 per player**

Circle One: Are you currently registered with the EPYSA?  
 Yes          No          Don't Know

Moving to CRUSA team: \_\_\_\_\_

Coach: \_\_\_\_\_

Played in the fall for team: \_\_\_\_\_

Coach: \_\_\_\_\_

### Player Information:

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_

Parent/Guardian Name(s) (PRINT): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Special Requests or Comments  
 \_\_\_\_\_  
 \_\_\_\_\_

### Jersey Size (Please Circle ONE):

*Youth Sizes* – **Medium**    **Large**    **XLarge**

*Women's Sizes* – **S**    **M**    **L**    **XL**    **XXL**

*Men's Sizes* – **S**    **M**    **L**    **XL**    **XXL**

### Shorts Size (Please Circle ONE)

*Youth Sizes* – **Medium**    **Large**    **XLarge**

*Women's Sizes* – **S**    **M**    **L**    **XL**    **XXL**

*Men's Sizes* – **S**    **M**    **L**    **XL**    **XXL**

*Sock Size:*          **Youth**    **Intermediate**    **Adult**

### MEDICAL INSURANCE:

CRUSA requires that you disclose a primary medical insurance carrier. Failure to comply will disqualify applicant from participating in CRUSA programs.

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

*Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify and hold harmless USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners and lessees of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. I am familiar with the sport of soccer, the relative skill and level of expertise of the facilitators of the Programs and the Programs that registrant is participating in and the risks associated with the same. I have made myself familiar with the fields and facilities utilized by the Programs. I recognize that the sport of soccer is played in varying weather conditions and that weather conditions are subject to change while Programs are underway. Further, I grant that we, the undersigned, agree for ourselves, our heirs, executors and administrators, waive, release and forever discharge Council Rock United Soccer Association and the their staff, officers, agents, representatives, employees, successors, and assigns including the owners of the fields and facilities utilized for the programs from any and all rights and claims for damages to person and property activities, or while partaking in any and all activity at any site including being transported to or from same, which transportation I authorized.*

**PARENT/GUARDIAN OR ADULT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_