



EMSSC Hardship Application for REC



- Age Requirements:** Player must be 4 years old by Dec. 31 of year playing
- Location of games:** Jacobs Park East Moline
**U11-U14 will have home games and travel to Moline, Rock Island, Port Byron, Sherrard/Orion & Galva
- Scholarship Includes:** Recreational (REC) Registration & Fundraising fee
Equip. Pkg (uniform pkg, shin guards, soccer shoes & 1 soccer ball)
- Applications Due:** Due when REC registration closes - LATE applications will not be accepted
- Required Documentation:** Copy of the first two pages of parent/gaurdian's most recent tax return to the address listed below
or Copy of any kind of state assistance, MUST have child's name on it and be current

Scholarship Information

Scholarships are based on a first come first serve basis. LIMIT TO ONE SCHOLARSHIP PER FAMILY. The number of available budgeted funds for scholarships will be limited. In the event the number of qualified players for grants exceeds the amount available, those who have not received grants in the past will take precedence over those who have received grants previously. The EMSSC scholarship is available to qualified families but must be accompanied by a request and proper documentation. All information will remain confidential. EMSSC is a non-profit organization, which relies exclusively on volunteers to operate. All parents should anticipate being asked to volunteer at least once during a season for duties. Volunteering as a scholarship recipient is in addition to your team obligation for volunteering. The soccer scholarships are awarded at the discretion of the EMSSC Scholarships Committee. All decisions are final. The names of the sponsored players will not be published in the meeting minutes.

Player Information:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone No _____ DOB ____ - ____ - ____ Gender M / F

School Attending _____ Medical Conditions/Allergies _____

Emergency Contact Name _____ Cell No _____

Parent/Guardian Information

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Cell No. _____ Email Address _____

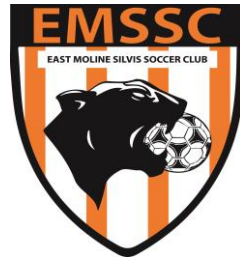
Relationship to Player _____ I would like to volunteer to coach Yes / No

Current Employer: Father/Guardian _____

Address of Employer _____

Current Employer: Mother/Guardian _____

Address of Employer _____



Equipment Package

Shirt Size (Circle One) Youth: YS YM YL **or** Adult: AS AM AL AXL
 Shorts Size (Circle One) Youth: YS YM YL **or** Adult: AS AM AL AXL
 Sock Size (Circle One) Youth **or** Adult _____
 Shoe Size _____

Skill Level (Circle One) Never Played (1st year) Intermediate (2nd year) Veterans (3+ years)

Describe why you as the parent/guardian are requesting grant assistance. Use the space provided below and attach an additional sheet if necessary.

Medical Waiver

I hereby give permission for the named child to participate in youth soccer activities during the coming season and acknowledge that I have voluntarily requested EMSSC to allow the child to participate in EMSSC soccer programs. I understand that the activities in soccer programs involve risks and hazards. I represent that the child's physical condition is adequate to allow him/her to safely participate in soccer activities and I assume the risk of injury as my responsibility. I consent to, and authorize, emergency medical treatment in case of injury and I understand that any medical costs will be my sole responsibility. I further release, discharge, indemnify, and hold harmless EMSSC and its agents for any claims, causes of action, liability, or damages arising from or by reason of any injury, damage, or loss which may arise as a result of any activities related to said soccer programs, whether or not such injury, damage, or loss was caused by its negligence or from any other cause, and further including damages related to administration of emergency medical care as authorized in this statement.

Volunteer Agreement

I understand and agree that volunteering is part of the obligation when I receive this scholarship. It's in addition to my team volunteerism. If my child doesn't complete the WHOLE season or I do NOT fulfill my obligation to volunteer a minimum of 4 hours in Fall and 4 hours in the Spring, I will be asked to repay all fees waived and pay for all the equipment provided by the Scholarship funds. I also understand that I will not be able to apply for any future scholarships with EMSSC.

Parent Signature _____ Date _____

Submit Form to: Mail to EMSSC-Registrar, PO Box 455, East Moline, IL 61244
 * EMSSC must receive application and hardship documentation before consideration *

**** Office Use Only ****

EMSSC Scholarship Committee Section Decision _____ Approved _____ Denied

Received Documentation of Harship _____ Yes _____ No

Applicant notified by: _____ Date _____