



PYSC NEW PLAYER REGISTRATION FORM



Please fill in all information in word processor, print, sign and date application.

PLAYERS LAST NAME		FIRST NAME		MI
STREET ADDRESS				
CITY			STATE	ZIP
HOME PHONE () -		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH - -	LEAUGE AGE
EMAIL		GRADE	SCHOOL	
LEAGUE USE ONLY	AGE VERIFIED YES NO	GENDER VERIFIED YES NO	BIRTH CERTIFICATE NUMBER / VERIFICATION ID	

FATHERS NAME	HOME PHONE () -	CELL PHONE () -
ADDRESS	CITY	WORK PHONE () - x
E-MAIL	OCCUPATION	LEAGUE HELP <input type="checkbox"/> CO-COACH <input type="checkbox"/> REFEREE <input type="checkbox"/> OTHER

MOTHERS NAME	HOME PHONE () -	CELL PHONE () -
ADDRESS	CITY	WORK PHONE () - x
E-MAIL	OCCUPATION	LEAGUE HELP <input type="checkbox"/> CO-COACH <input type="checkbox"/> REFEREE <input type="checkbox"/> OTHER

EMERGENCY CONTACT (not parent)	HOME PHONE () -	CELL PHONE () -	RELATIONSHIP
DOCTER	PHONE () -	MEDICAL NOTES/CONDITIONS	
DENTIST	PHONE () -	HOSPITAL	
FATHER'S INSURANCE CO	POLICY NUMBER	MOTHER'S INSURANCE CO	POLICY NUMBER

Please make checks payable to PYSC. Fees are: 4-5 - \$30 6-11 - \$40 12-18 - \$50

By signature below, we herby agree that the Soccer Association for Youth (SAY), Pulaski Youth Soccer Club (PYSC), its members, coaches or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY or PYSC and we agree to indemnify and to hold harmless SAY, PYSC, its members, coaches, officers or designees of any kind of claim whatsoever.

PARENT/LEGAL GUARDIAN _____ DATE _____

PLEASE RETURN THIS FORM TO ONE OF THE REGISTRATION LOCATIONS AT THEIR DESIGNATED TIME.

LEAGUE USE ONLY			
PLAYER FEES	TOTAL FEES PAID	METHOD/NUMBER	LEAGUE OFFICIAL