



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 - \$25 6-11 - \$35 12-18 - \$45 \$10 late fee after 2/12/08.

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.
NO REGISTRATIONS WILL BE ACCEPTED AFTER FEBRUARY 24, 2008

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