



# PYSA

## PENDLETON YOUTH SOCCER ASSOCIATION

Member of Youth Division of US Youth Soccer/Oregon Youth Soccer Association

# SOCCER REGISTRATION FORM

### PLAYER INFORMATION

PLEASE PRINT LEGIBLY & FILL OUT ALL BOXES

Up to 3 players from the same family per form as long as they share the same address & parent information

ADDRESS OF PLAYER(S)			CITY			STATE			ZIP		
----------------------	--	--	------	--	--	-------	--	--	-----	--	--

PLAYER #1	LAST NAME			FIRST NAME			M.I.	DATE OF BIRTH:		MO.	DAY	YEAR
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE IN FALL:	SCHOOL:	LIST ANY MEDICAL CONDITION WHICH WOULD LIMIT CHILD'S ABILITY TO PLAY:								

PLAYER #2	LAST NAME			FIRST NAME			M.I.	DATE OF BIRTH:		MO.	DAY	YEAR
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE IN FALL:	SCHOOL:	LIST ANY MEDICAL CONDITION WHICH WOULD LIMIT CHILD'S ABILITY TO PLAY:								

PLAYER #3	LAST NAME			FIRST NAME			M.I.	DATE OF BIRTH:		MO.	DAY	YEAR
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE IN FALL:	SCHOOL:	LIST ANY MEDICAL CONDITION WHICH WOULD LIMIT CHILD'S ABILITY TO PLAY:								

PERSON TO NOTIFY IN CASE OF EMERGENCY:			TELEPHONE:		
--	--	--	------------	--	--

DOCTOR TO NOTIFY IN CASE OF EMERGENCY:			TELEPHONE:		
--	--	--	------------	--	--

### PARENT/GUARDIAN INFORMATION *Please provide contact information for at least one parent or guardian.*

PARENT/GUARDIAN #1			Relationship to child(ren)	PHONE #1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
--------------------	--	--	----------------------------	----------	---

ADDRESS (if different from above):			PHONE #2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
------------------------------------	--	--	----------	---

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

PARENT/GUARDIAN #2			Relationship to child(ren)	PHONE #1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
--------------------	--	--	----------------------------	----------	---

ADDRESS (if different from above):			PHONE #2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
------------------------------------	--	--	----------	---

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

### ..... IMPORTANT!! Signature required for child(ren) to play .....

I, the parent/guardian of the registrant(s), a minor, agree that I and the registrant(s) will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant(s) for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant(s) as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT (Minor)**  
As the parent or legal guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to prevent the loss of life, limb or well-being of my dependent(s).

NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT)	DATE
---	------

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

### REGISTRATION FEES

ALL REGISTRATIONS DUE BY FRIDAY, JUNE 18

<b>YOUTH (K-5th Grade)</b>	<b>MIDDLE SCHOOL (6th-8th grade)</b>
<input type="checkbox"/> \$35 per child ~or~	<input type="checkbox"/> \$45 per child ~or~
<input type="checkbox"/> \$60 per family if all are grade school aged	<input type="checkbox"/> \$70 per family if one or more are middle schoolers

### YOUR HELP AND PARTICIPATION ARE APPRECIATED!

PLEASE MAKE YOUR CHOICE:

<input type="checkbox"/> COACH	<input type="checkbox"/> ASSISTANT COACH
<input type="checkbox"/> REFEREE	<input type="checkbox"/> TEAM PARENT
<input type="checkbox"/> FIELD PREPARATION	<input type="checkbox"/> BOARD MEMBER
<input type="checkbox"/> OTHER _____	

Mail form and fees to:

**PYSA**  
PO Box 177  
Pendleton, OR 97801

OR return forms to  
**Dean's Pendleton Athletic**  
249 S. Main St., Pendleton

Registration Questions? Call Sofi Smith, PYSA Registrar at 541-278-2366

### HOW DID YOU HEAR ABOUT PYSA REGISTRATION?

<input type="checkbox"/> Poster	<input type="checkbox"/> Postcard	<input type="checkbox"/> Flyer from school	<input type="checkbox"/> Radio
<input type="checkbox"/> Reader board	<input type="checkbox"/> Friend/family member	<input type="checkbox"/> Dean's Athletic	<input type="checkbox"/> East Oregonian
<input type="checkbox"/> Other _____			

AMOUNT RECEIVED: \$ \_\_\_\_\_

CHECK # \_\_\_\_\_  CASH

**REGISTER ON TIME!**  
Late registrations require  
**\$20 LATE FEE** and  
are subject to placement  
on a waiting list.

**NO REFUNDS**