



PENDLETON YOUTH SOCCER ASSOCIATION
Member of Youth Division of US Youth Soccer/Oregon Youth Soccer Association

SOCCER REGISTRATION FORM

PLAYER INFORMATION • PLEASE PRINT & 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 PLAYER #2 PLAYER #3 LAST NAME FIRST NAME M.I. DATE OF BIRTH MO. DAY YEAR
MALE FEMALE # YEARS PLAYED 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) HOME PHONE
ADDRESS (if different from above): CELL PHONE
CITY STATE ZIP BUS. PHONE

PARENT/GUARDIAN #2 Relationship to child(ren) HOME PHONE
ADDRESS (if different from above): CELL PHONE
CITY STATE ZIP BUS. PHONE

E-MAIL ADDRESS: For PYSAs bulletins, coach contact, etc.

..... 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 12

YOUTH (K-5th Grade) MIDDLE SCHOOL (6th-8th grade)
\$35 per child ~or~ \$45 per child ~or~
\$60 per family if all are grade school aged \$70 per family if one or more are middle schoolers

AMOUNT RECEIVED: \$

CHECK # CASH

NO REFUNDS

YOUR HELP AND PARTICIPATION ARE APPRECIATED!

PLEASE MAKE YOUR CHOICE: X

- COACH ASSISTANT COACH
REFEREE TEAM PARENT
FIELD PREPARATION BOARD MEMBER
OTHER

Mail BOTH copies of form and fees to:

PYSAs
PO Box 177
Pendleton, OR 97801
OR return forms to
Dean's Pendleton Athletic
249 S. Main St., Pendleton

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