PYSA

Mailing Address:
PYSA
P.O. Box 484
Plymouth, WI 53073

2010-2011
PLYMOUTH YOUTH SOCCER ASSOCIATION
PLAYER REGISTRATION FORM

Questions:
Registrar
920-892-PYSA (7972)
registrar@pysa-wi.org

Player Information

Last Name _____ First Name _____

Address _____ City _____ State ____ Zip _____

Phone_____ Birthdate _____/_____/_____ Gender M / F School_____

Team Information

Division Preference (refer to chart on right):_____>>>>>>

Players may "play up" one age group with parent approval.

Shirt Size (circle one): **S** **M** **L** **XL**

These are adult sizes and run large. (i.e. Most U-8 players will wear small)

Teammate Preference (must reciprocate):_____

Division	Eligibility
U-8 Coed	Under age 8 on 8/1/10
U-10 Coed	Under age 10 on 8/1/10
U-10 Girls	Under age 10 on 8/1/10
U-12 Coed	Under age 12 on 8/1/10
U-12 Girls	Under age 12 on 8/1/10
U-14 Coed	Under age 14 on 8/1/10
U-14 Girls	Under age 14 on 8/1/10

Contact Information

Parent Name _____ Phone_____

E-Mail Address _____

Emergency contact(after parent)

Name_____

Phone_____

Volunteer Information

Please volunteer. Fee refunds are available for volunteers. Please check the information below.

___**Coaching** Each team is assigned two volunteer co-coaches. No experience is necessary. Education/certification is reimbursed. (2-3 hours per week) $30 fee refund available

___**Registration** Participate in a registration event. *(2 hour commitment) $15 fee refund available*

___**Coordinator** Coordinate indoor, Spring U6, equipment, or other opportunity. *(4 hour commitment) $30 fee refund available*

___ **Registrar** Process registrations and answer questions regarding registration and league information. *(2-3 hours per month throughout the year) Full fee refund available*

___ **Board** Help support the activities, coaches, and volunteers of the organization. *(1-3 hours per month throughout the year) Full fee refund available*
Board positions are limited in number and given the duties require approval of the group. A 2 year commitment is required.

Liability Release

Recognizing the possibility of injury or illness, and in consideration for the Plymouth Youth Soccer Association(PYSA) and its affiliated organizations accepting my child as a player in the soccer programs and activities of PYSA and its affiliated organizations, I consent to my child participating in the Programs. Further, I release, discharge, and otherwise indemnify PYSA and its affiliated organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which I authorize.

Medical Release Form

My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Medical Information

Known Medical Issues_____

Physician_____ Hospital Choice _____ Insurance Carrier _____

I have read the Uniform Code of Conduct and agree to abide by it. I have provided accurate information and agree to the terms above.

_____ _____

Signature of parent or guardian **Date**

Fees: **$80** (**$25** discount if received prior to 6/14/2010 / **$25** late fee if received after 7/12/2010)

For further information or to **register online**, please see **www.pysa-wi.org**.