



POLSON YOUTH SOCCER

2017 FALL LEAGUE REGISTRATION/MEDICAL RELEASE FORM

Recreational U5-U12
Birth years 2006 - 2013

\$35 - Register by June 30
\$50 - Register after June 30

PLAYER INFORMATION			
Player's Name:			
Date of Birth:	Gender: F or M		
Address:	State:	ZIP Code:	
Primary Email Address:			Current Grade:

Please Circle T-Shirt Size: YS YM YL YXL AS AM AL

PARENT/GUARDIAN CONTACT INFORMATION	
Parent Name:	Mobile Phone:
Email:	Home Phone:
Parent Name:	Mobile Phone:
Email:	Home Phone:
EMERGENCY CONTACT	
Emergency Contact's Name:	
Mobile Phone:	Home Phone:

MEDICAL INFORMATION AND CONSENT – SIGNATURE REQUIRED	
Physician Name:	Phone:
Hospital Preference if any:	
Allergies:	
Other Medical Conditions:	
Medical Insurance Company:	Phone:
Policy Holder's Name:	Policy Number:
<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA and PYSA (the "Programs"), their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Programs accepting the registrant for soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the Programs, their affiliated organizations and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transferred 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, I hereby give consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent. I understand the recreational nature of PYSA and recognize my responsibility to be a supportive parent of my child and the league. I agree to respect the referees' and coaches decisions regarding my player during games and practice.</p>	
Parent/Guardian Signature:	Date:

Please sign!