

2020 PINEYWOODS YOUTH SOCCER ASSOCIATION - REGISTRATION FORM

CHILD					
NAME (First, M.I., Last)			AGE:	DOB:	SEX:
ADDRESS:		CITY/STATE/ZIP:			
PARENT/GUARDIAN 1 (PRIMARY CONTACT)					
NAME:		PHONE:			
ADDRESS: SAME AS CHILD'S <input type="checkbox"/> DIFFERENT <input type="checkbox"/> (LIST BELOW ↓)		EMAIL:			
ADDRESS:		CITY/STATE/ZIP:			
PARENT/GUARDIAN 2 (SECONDARY CONTACT)					
NAME:		PHONE:			
ADDRESS: SAME AS CHILD'S <input type="checkbox"/> DIFFERENT <input type="checkbox"/> (LIST BELOW ↓)		EMAIL:			
ADDRESS:		CITY/STATE/ZIP:			
OTHER INFORMATION					
EMERGENCY CONTACT:		PHONE:			
LIST ANY MEDICAL PROBLEMS:					
DOCTOR TO NOTIFY:		PHONE:			
OTHER CHILDREN IN FAMILY PLAYING IN LEAGUE (NAME/AGE):					
UNIFORM SIZE (circle one)		PARENTAL SUPPORT		PLAYER INFO	
	YOUTH	ADULT	We ask for active participation of all parents in our program; please check the areas in which you would be willing to help: <div style="display: flex; justify-content: space-around;"> Coach Assistant Coach </div> <div style="display: flex; justify-content: space-around;"> Concessions Other: _____ </div>		# of seasons played:
SHIRT	XS S M L	S M L XL			School/Grade:
SHORTS	XS S M L	S M L XL			
Important Youth Players may only be registered with one North Texas State Soccer Association sanctioned team at any given time during the soccer year (July 1-June 30). By signing this form, you are confirming that you have not registered your child for another team within North Texas Soccer this soccer year, unless a transfer has been granted within the rules of North Texas Soccer. Parental Approval and Medical Release RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER PARTICIPATION AND IN CONSIDERATION FOR PINEYWOODS YOUTH SOCCER ASSOCIATION, NORTH TEXAS STATE SOCCER ASSOCIATION, INC., UNITED STATES SOCCER FEDERATION, UNITED STATES YOUTH SOCCER ASSOCIATION AND THEIR RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE "SOCCER PARTIES" AND THEIR SPONSORS, 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 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. BY MY SIGNATURE BELOW, I CONFIRM THAT MY SON/DAUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR AILMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'S PARTICIPATION IN THE PROGRAMS. I HEREBY GIVE 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 SUCH ASSISTANCE AND/OR TREATMENT. I FURTHER GRANT THE "SOCCER PARTIES" THE RIGHT TO USE THE PLAYERS NAME, PICTURES AND OR LIKENESS IN PRINTED, BROADCAST AND OTHER MATERIAL CONCERNING THE "PROGRAMS", PROVIDED SUCH USE IS RELATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS".			OFFICIAL USE ONLY REGISTRATION FEE (CIRCLE ONE) \$70 OR \$65 (SOCCER CAMP) <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		
Parent/Guardian Signature _____ Date _____			NOTES: <div style="display: flex; justify-content: center; align-items: center;"> </div>		

May we use your name and address/email for future soccer related mailings? YES NO