



POLSON YOUTH SOCCER

Register & Pay by paper or gotsoccer.com

PolsonYouthSoccer.org

info@polsonyouthsoccer.org

2019 Spring League Registration & Medical Release

PLAYER INFORMATION

Full Legal Name:

Date of Birth:

Gender:

Phone:

Current Address:

City:

State:

ZIP Code:

Primary Email Address:

Current Grade

PARENT/GUARDIAN CONTACT INFORMATION

Parent / Guardian Name:

Home Phone:

Mobile Phone:

Email:

Parent / Guardian Name:

Home Phone:

Mobile Phone:

Email:

*****FEES AND SIGN UP INFORMATION*****

A 5% fee will be added to all credit card payments

Reg.Fee (tournament fees not included):

U9-U12 \$150.00

U13-U19 \$225.00

Scholarship Request

Completed Registration Package:

- 1) Signed Registration & Medical Release
- 2) Player/Parent Code of Conduct
- 3) MYSA Parent Consent Concussion Form
- 4) Payment If New: valid Birth Certificate

UNIFORMS

Uniforms are ordered for 2019, please select your sizes here:

Jersey (1 Navy 1 White)

Youth Sm 8
Youth M 10-12
Youth L 14-16
Youth XL 18-20
Adult Sm 34-36"
Adult M 38-40"
Adult L 42-44"
Adult XL 46-48"

Shorts (Navy)

Youth Sm 23-24"
Youth M 25-26"
Youth L 26-27"
Youth XL 28-29"
Adult Sm 28-29"
Adult M 30-32"
Adult L 34-36"
Adult XL 38-40"

Sox (1 Navy 1 White)

Y M
Y L
A M
A L

Additional information or questions pertaining to uniforms:

VOLUNTEER FOR PYSA

If you would like to share your time ...

Coaching
Assistant Coach
Team Manager/Team Parent
Field & Equipment Management
Concession Stand

please choose ways you can volunteer

Fundraising
Registration
Referee Management
Player / Coach Development

ALL FORMS AND PAYMENT CAN BE MAILED TO:

PYSA
P.O. Box1337
Polson, MT 59860

FORMS CAN BE EMAILED TO: info@polsonyouthsoccer.com

For more information email or visit our Website: polsonyouthsoccer.com

MEDICAL RELEASE

Player Name:

Player DOB:

Parent/Guardian Contact Name:

Parent/Guardian Phone:

----- EMERGENCY CONTACT -----

Name of a relative/friend not residing with you:

Relationship:

Address (Street, City, State, Zip)

Home Phone:

Mobile Phone:

----- MEDICAL INFORMATION AND CONSENT -----

Physician Name:

Hospital preference if any

Phone

Allergies:

Other Medical Conditions:

Medical Insurance Company:

Phone:

Policy Holders Name:

Policy Number:

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.

Parent/Guardian Signature:

Date: