REGISTRATION FORM

Player: ____ Male/Female ______ DOB:________________

Address:_________________________________City_____________________State_____Zip_________

Recreation: U6 U8 U10 U12 U13 U14 U15 U16 **Competitive**: U11 U12 U13 U14 U15 U16

Player: Jersey Size: Youth: Sm Md Lg Adult: Sm Md Lg 1st#____ 2nd#____

Short Size: Youth: Sm Md Lg XL Adult: Sm Md Lg XL (Competitive)

Sock Size: Small (18”) Medium (24”) Large (30”)

Parent/Guardian Name: ____________________________________ Relationship: _______________

Home Phone: __________________ Work Phone: ________________ Cell Phone: ________________

E-Mail Address: ____

Parent/Guardian Name: ____________________________________ Relationship: _______________

Home Phone: __________________ Work Phone: ________________ Cell Phone: ________________

E-Mail Address: ____

Please provide the month and date of the player’s mother’s birthday for LSA coding purposes:
Mother’s Birth Date (MMDD): _______________

PERMISSION TO PARTICIPATE

I give my permission for my child to participate in the Pearl River Youth Soccer Association Program. I understand that MINIMAL medical coverage will be provided for each child in this program to help cover the cost of injuries received directly connected with this program only. I will not hold PRYSA, its members, board members, coaches, managers, or the area schools / recreation facilities associated with the PRYSA responsible in any way for injuries received. I further agree that I and the player will abide by the rules, regulations and policies of Louisiana Soccer Association and its affiliated clubs, leagues, organizations and sponsors (“LSA Parties”). In consideration of the player’s participation in the soccer programs and intending to be legally bound, I hereby release and indemnify the LSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player’s participation in the Programs including, without limitation, player’s transportation to/from any Program which transportation is hereby authorized. I further grant the LSA Parties the right to use the player’s name, picture and/or likeness in printed, broadcast, web based and other material concerning the Programs provided such use is related to the player’s status as a participant in the Programs.

Signature of Parent/Guardian: ____ Date: _____________

CODE OF CONDUCT

As a spectator of all games, practices, etc. I will not interfere with the actions of the coaches, referees, or players. I will not use inappropriate language or scream at home or visiting teams, coaches, referees, or other spectators of the game. If I disagree with any action of my child’s coach, referee, or other players, I will schedule an appointment with the director of my child’s age group or the director of coaches to discuss the matter. Not abiding by this Code of Conduct will result in being banned from Poitevent Soccer Fields for a period of time to be determined by the PRYSA Board of Directors.

Signature of Parent/Guardian: ____ Date: _____________

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PRYSA USE ONLY

Request: ____________________________Amount Paid: $____________ Cash/Check #:__________

(Requests for placement with another player are only accepted but not guaranteed for transportation reasons—no coach requests—drafts will be held for all divisions following the conclusion of registration.)

Birth Certificate on file: Yes / No Birth Certificate #: __________________________________

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