

For League Use Only

- ___ \$35 Individual (U6)
- ___ \$45 Individual (U8, U10, U12, & U15)
- ___ \$80 Two-Player Family
- ___ \$25 Each Additional Player @ ___ Players
- ___ \$25 Uniform Purchase (if needed)
- ___ Apparel - Jersey \$20
- ___ Shorts \$10
- ___ Socks \$5
- ___ Other

Total Amount _____
 Check # _____ Cash _____

Plattsburg Soccer Club

Registration Form

PO BOX 104
 Plattsburg, MO 64477



OFFICE USE ONLY

U6
 U8
 U10
 U12
 U15

ID Number _____
 State Birth Certificate Number _____

**NOTE: VERIFICATION OF BIRTH DATE IS MANDATORY FOR ALL PLAYERS.
 ALL NEW PLAYERS MUST ATTACH A COPY OF THEIR BIRTH CERTIFICATES**

Player's Name: _____ M / F _____
 (As on Birth Certificate) Last First MI Gender Birthdate Age on 8/1/10

Address: _____ MO _____
 Mailing Address City Zip Code Home Phone

Mother/Guardian/Step: _____
 Circle Last First MI Home Phone Work Phone Cell Phone/Pager

Father/Guardian/Step: _____
 Circle Last First MI Home Phone Work Phone Cell Phone/Pager

Email Address: _____

Successful operation of PSC requires Parent Volunteers. Please help out!

I, _____ would like to volunteer for: Head Coach ___ Assistant Coach ___ Team Parent ___ Field Prep ___

NOTE: Parents volunteering for Head Coach receive 50% off registration of child coaching...plus a matching jersey!

MEDICAL INFORMATION ON PLAYER

Insurance Company: _____ Policy #: _____ Date of Last Tetanus Shot: _____

Physician's Name and Phone number: _____

In case of emergency when parent/guardian cannot be reached, please contact the following:

This authorization for emergency medical treatment and liability/photo release statement must be completed before a player can participate

I hereby acknowledge, recognize, and accept the inherent risk of bodily injury, disability, paralysis, and/or death, to myself and/or my child that exists as a result of my and/or my child's participation in any athletic endeavor, and specifically, by my and/or my child participation in the athletic endeavor for which I am registering my child. As such, I do hereby agree to waive, release, absolve, hold harmless, and indemnify Plattsburg Soccer Club, Tri-County Soccer Association, the Soccer Association for Youth (SAY), the organizers, officers, coaches, sponsors, participants, and any other individual or entity operating on behalf of Plattsburg Soccer Club for any bodily injury, disability, paralysis, and/or death that I and/or my child may sustain as a result of my and/or my child participation in any athletic endeavor offered or hosted by Plattsburg Soccer Club. I hereby authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for the participating player named in this registration form if the parent/guardian cannot be reached in case of an emergency.

I agree that I and my child will abide by the rules of and regulations of the Soccer Association of Youth, its affiliated organizations, and sponsors. Furthermore, in exchange for their child's participation in this youth soccer association, the parents **DO** [] **DO NOT** [] consent to their child being the subject of reasonable photographs taken by or on behalf of Plattsburg Soccer Club, at publicly observable practices, games, or tournaments, and further consent to the publication of such photographs (without names) on the Plattsburg Soccer Club's web page and newsletter, solely for the purpose of advancing the cause of Plattsburg Soccer Club among local and regional youths. If the previous sentence is left blank, the parents agree that it shall be construed as consent. The parents acknowledge that Plattsburg Soccer Club may inadvertently publish their child's image even if they do not consent. In the event this happens, Plattsburg Soccer Club will promptly remove or render unrecognizable any such image upon notice by the parents, and the parents further release Plattsburg Soccer Club, together with its organizers, officers, coaches, sponsored, participants, and any other individual or entity operating on behalf of Plattsburg Soccer Club, from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on the inadvertent publications of said photographs, regardless of their form of content. I further grant the Soccer Association for Youth the right to use the Player's name, picture, and/or likeness in printed, broadcasted, and other material concerning the Programs provided such used is related to the player's status as a participant in the Program.

Signature of Parent(s)/Guardian(s): _____ DATE: _____

UNIFORMS

U6 players will receive a *free* t-shirt featuring PSC's logo on the front and a number on back.

U6 T-SHIRT
 2-4 6-8 10-12 14-16

U8 & UP: All new players **MUST purchase** uniforms. Uniforms consist of a red jersey, matching socks, and black shorts. Cost is \$25.00

JERSEY:

YXS YS YM AS AM AL AXL

SHORTS:

YXS YS YM AS AM AL AXL

___ Player already has a uniform! Jersey # ___

COMPLETED form & payment (checks payable to Plattsburg Soccer Club) can be mailed to Plattsburg Soccer Club, PO Box 104, Plattsburg, MO 64477, OR submitted during sign-ups.
 NOTE: The return check issued to Plattsburg Soccer Club (PSC) will result in a \$20 service charge per check. Players will not be allowed to play soccer for PSC until the check and service charge has been paid.
Forms (including scholarship application, if applying) and payment are due on or before 03/01/2011.