



PYSA Late Registration
PO Box 189, Ottsville, PA 18942
www.pysanet.com

PLAYER'S NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

BIRTH DATE: _____ SEX: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Please provide a valid email address as this will be used for communication throughout the season.

GRADE LEVEL ON 3/1/2010: PreK K 1 2 3 4 5 6 7 8 (Circle One)

T-SHIRT SIZE: YS YM YL AS AM AL AXL AXXL (Circle One)

PARENT'S NAME(S): _____

PLEASE LIST NAMES OF ANY SIBLINGS ALSO PLAYING SUMMER SOCCER: _____

REGISTRATION FEE: \$70.00 first child, \$50.00 first sibling, \$40.00 each additional sibling.

VOLUNTEER FEE: Please include a separate \$30.00 per household volunteer fee to be returned once below service has been verified.

PLEASE VOLUNTEER IN ONE OR MORE OF THE FOLLOWING WAYS: (PRINT YOUR NAME IN APPLICABLE BOXES)

COACH: (Include Shirt Size)		FIELD LINING:	
ASSISTANT COACH: (Include Shirt Size)		INVENTORY/SETUP/ TEARDOWN:	
TEAM PARENT: (Include Shirt Size)		INFO DESK:	
REFEREE: (Include Shirt Size)		OTHER (PLEASE SPECIFY):	

See pysanet.com for descriptions of the various volunteer positions.

RELEASE STATEMENT

I understand that all sports and other recreational activities involve a certain amount of risk. I assume and accept all risk by my participation in the Palisades Youth Soccer Association intramural soccer program. I agree that Palisades School District and Durham Nockamixon Elementary School shall not be liable for injuries or harm to me, or my property or be subject to any claim, demand, injury or damages whatsoever arising out of my participation in these activities. I also understand that Palisades School District and Durham Nockamixon Elementary School cannot eliminate or prevent injuries from occurring to participants. Further, I do not have a medical condition that would prohibit me from participation in such physical activity. I hereby give permission that in the event of any illness or injury; I may be treated for such illness or injury.

By registering, I authorize PYSA to use any photograph or representation of my child in any online or print advertisement, brochure, press release and/or news story.

Please note: The registering party will be assessed a \$20 fee for any check rejected as "Insufficient Funds" or "Stop Payment". Registration fees are nonrefundable. Volunteer fees are only refundable once service is verified.

Please make checks payable to "PYSA".

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

AMOUNT PAID: _____ DATE PAID: _____ CHECK NO: _____

REGISTRATION DEADLINE MARCH 31, 2010.