

**PENTUCKET YOUTH SOCCER ASSOCIATION  
FALL 2009 REGISTRATION FORM**



- **\$60.00** registration fee per player **U 12 & U 14 players**
- Forms are due on or postmarked by June 1, 2009
- Forms postmarked after this date will require an additional \$25.00 late fee
- Registrations after June 15, 2009 may be added to waitlist (team to be determined based on openings)
- All **new players** to PYSA or players that are **moving in age group** must include a copy of birth certificate
- All registrations **must include updated** 1 ¼ X 1 ¼ color photo
- All checks payable to **"Pentucket Youth Soccer Association"**
- Mail to: **PYSA , 2009 Registration, 4 Hemlock Lane, Groveland, MA 01834**
- Incomplete registrations or forms without payment will **NOT** be processed until complete. **NO EXCEPTIONS**

**PLAYER INFORMATION (PLEASE USE ONE FORM FOR EACH PLAYER)**

DATE OF APPLICATION \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL\* \_\_\_\_\_

(\* Mandatory – will not be shared with outside groups)

ALTERNATE TELEPHONE \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_ (M or F)

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

**ALL Players: You must include a 1 ¼" X 1" ¼ photo**

WHAT AGE GROUP ARE YOU REGISTERING FOR:

U12 **BORN ON OR AFTER AUGUST 1 1997 & YOUNGER**

U14. **BORN ON OR AFTER AUGUST 1 1995 & YOUNGER**

PLACE  
PHOTO  
HERE  
1 ¼" X 1 ¼"

**HAVE YOU RECENTLY PLAYED FOR PYSA? WHEN \_\_\_\_\_ TEAM \_\_\_\_\_**

DOES PLAYER BELONG TO ANY **CLUB TEAMS?**  YES  NO IF YES, WHAT CLUB \_\_\_\_\_

**VOLUNTEER POSITIONS:** PYSA is a volunteer organization. Please consider giving your time and support to PYSA.

Name of interested parent \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Coach  Asst. Coach  Administrative support  Field Support (lining fields, nets, etc.)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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. As the Parent/guardian of the registrant, I hereby give my consent for emergency medical care by a 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.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **phone #** \_\_\_\_\_