

PENNSAUKEN YOUTH ATHLETIC ACTIVITIES, INC. SOCCER REGISTRATION FORM

Applicant Information (PLEASE PRINT)

Last Name: _____ First: _____ M: _____

Street: _____ City: _____ Zip: _____

Phone: _____ Sex (circle): F M Date of Birth: Month ___ Day ___ Year ___

Grade as of September this year (circle): Pre-K K 1 2 3 4 5 6 7 8 Other _____

Check one of the following:

New Player Returning Player

Check one of the following:

Intramural ONLY Travel ONLY Intramural AND Travel

OMITTED OR FALSE INFORMATION MAY RESULT IN THE IMMEDIATE REMOVAL FROM THE SOCCER PROGRAM

_____ Email Address

_____ Cell #

_____ Home Phone #

I, the PARENT/GUARDIAN of the above applicant who is the candidate for a position on a team of the Pennsauken Youth Athletic Activities, Inc. (herein called PYAA) give my approval to his/her participation in any and all activities of PYAA during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I do release, absolve, indemnify and hold harmless PYAA, Pennsauken Township, Pennsauken Board of Education, organizers, sponsors and supervisors, any and all of them, in case of injury to my son/daughter. I waive all claims against PYAA, Pennsauken Township, Pennsauken Board of Education, organizers, sponsors and supervisors or any person transporting my son/daughter to or from activities. I will furnish a certified birth certificate for the applicant upon request of PYAA officials. I assume responsibility for the uniforms and equipment issued to the applicant. I will indicate any physical conditions which may require special Attention.

Parent/Guardian Signature: _____ Date: _____

Any Physical Condition? Yes No If yes, explain: _____

Name of brother/sister who may be in the same age group: _____

Possible volunteer activities you can help with: Coach (Head/Asst) Snack Stand Sponsor

ADDITIONAL INFORMATION (Initial _____)

1. NO REFUNDS WILL BE GIVEN
2. Players signed up for both travel AND intramural who miss *any* intramural games may have their travel team pass taken by the soccer president until the following game is attended(See "PYAA Soccer Guide " for details).
3. No eyeglasses can be worn during soccer activities; ONLY SPORT GLASSES
4. No jewelry (Watches, earrings, necklaces, etc.) can be worn during soccer activities.
5. Players must furnish their own shin-guards, white shorts (boys), black shorts (girls), and white socks that cover the shin-guards completely. *Players with non-conforming equipment or colors will not be allowed to play.*
6. Shin-guards *must* be worn for all games and practices.
7. All returned checks will be charged \$15.00 plus any additional bank fees.
8. Injuries should be reported to your child's coach. Family insurance is to be used for treatment. PYAA insurance is used as secondary coverage.

FOR CLUB USE ONLY

Date registration was received: _____ Birth certificate needed: yes no Birth certificate received:

Total fee paid: _____ Cash: _____ Check # _____ Paid to: (initial) _____

Notes: _____