



Plainfield Soccer Association
P.O. Box 341, Plainfield, IL 60544-0341, phone: 439-SCCR
Website: www.plainfieldsoccer.org, e-mail: psa@plainfieldsoccer.org

Check here if any information is new [circle]

Boy Girl Date of Birth \_\_\_/\_\_\_/\_\_\_ E-mail \_\_\_
Last Name \_\_\_ First Name \_\_\_
Address \_\_\_ Town \_\_\_ Zipcode \_\_\_
Phone \_\_\_ Are you North or South of Renwick Road? Please circle one North South

What school will your child be attending (in the season you are registering for)? \_\_\_
Note: Team requests are honored only to keep brothers or sisters on the same team, if in the same division. Boys and girls are separated whenever possible. Brother/Sister Full Name \_\_\_

IYSA AND PLAINFIELD SOCCER ASSOCIATION'S EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER

Guardian/Father \_\_\_ Phone (\_\_\_) \_\_\_
Guardian/Mother \_\_\_ Phone (\_\_\_) \_\_\_
Local Emergency Contact \_\_\_ Phone (\_\_\_) \_\_\_
Player's Allergies or special medical conditions \_\_\_

Physician \_\_\_ Phone (\_\_\_) \_\_\_
Medical Insurance \_\_\_ Policy # \_\_\_

I, the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant, acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/or otherwise indemnify Illinois Youth Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred as 'releases', from any and all liability to each of the undersigned, his/her heirs or next of kin for and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transportation. I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and or treatment and agree to be financially responsible for the cost of such assistance and or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack or such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program.

I have received the PSA Rule Book and accept the PSA Parental Agreement
PSA reserves the right to publish participants names and pictures

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

WE NEED YOUR HELP ! VOLUNTEER INFORMATION

Coaching: HEAD \_\_\_\_\_ or ASSISTANT \_\_\_\_\_ with \_\_\_\_\_
Registration help \_\_\_\_\_ Other help \_\_\_\_\_

REFUND POLICY: \$20 is non-refundable at the time of registration. Mail in and late fees are non-refundable in addition to the \$20. No refunds will be given after the first game of the season.

Please make your check payable to PSA. There will be a \$25 fee charged for all returned checks

PSA USE ONLY:

Fee Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_
Birth Cert: Copy \_\_\_\_\_ Mail \_\_\_\_\_ Database \_\_\_\_\_
Family discount: Y N Season: FL SP W Mail in registration Y N

