



Plainfield Soccer Association

P.O. Box 341, Plainfield, IL 60544-0341, phone: 439-SCCR

Website: www.plainfieldsoccer.org, e-mail: psa@plainfieldsoccer.org

Traveling Program

Check here if any information is new

Boy Girl Date of Birth ___/___/___/ E-mail (required) _____
Last Name _____ First Name _____
Address _____ Town _____ Zipcode _____
Phone _____ School attending in Fall _____
Previous Travel Team _____ Number of years _____

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 applicants' 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 an/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 have received, read and accept the PSA Travel Handbook
PSA reserves the right to publish participants names and pictures

Parent/Guardian Signature _____ **Date** _____

UNIFORM SIZES (Please state size as YS, YM, YL, S, M, L etc...)

Jersey _____ Shorts _____ Shoe Size _____ Coaches Shirt Size _____

Please make your check payable to PSA

REFUNDS: No refunds will be given unless your child is not invited to play on a traveling team

PSA USE ONLY:

Fee Paid \$ _____ Check # _____ Date _____

