

TEAM CODE: PSJ _____

**Port St. John Soccer Club Registration Form
Competitive Season 2008-2009**

Please visit our Website at www.psjsoccer.com for all of the latest information related to our club.

To complete registration, please:

Fill out registration form (print clearly);

Attach a copy of your child's birth certificate (new players);

Include check, money order or cash in the amount of \$125.00 per player.*

***\$125 Covers the FYSA Seasonal Year (fall and spring). No refunds for players who drop during seasons or between the fall and spring seasons.**

There will be an additional charge of \$25 per player for late registration fee

Player Information:		D.O.B.	
Last Name	First Name	MI	Gender
Address		City	State Zip



Parent/Guardian Information

Last Name		First Name		Home Phone	
Work Phone	Cell Phone	Email Address			

According to FYSA Guidelines, my child is League Age U _____

Any Participant "Playing Up" is required to have on file a "Request for Change of Divisional Status" Form.

I understand that the success of Port St John Soccer Club relies heavily on it's volunteers. I also understand that PSJSC requests each family that has child(ren) playing in the club volunteer at least four hours of service in some capacity during the season.			
Volunteer Choices (Check a Field Work _____	Team Parent _____	Special Events _____	Concessions _____

Informed Consent/Insurance Notice

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYERS' NORMAL AGE.

It is FYSA'S policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA director of coaching.

Insurance Notice: All injuries must be reported within 90 days of the date of injury.

Informed Consent: I, the parent/guardian of the registrant, agree that we will abide by the rules of Port St. John Soccer Club, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

I/we further grant PSJSC the right to use the player's name, picture and/or likeness in printed, broadcast, website and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

FYSA Code of Ethics - All players, volunteers and spectators must abide by the published FYSA Code of Ethics.

Refunds - We can only guarantee a refund if we are unable to provide a team for your child(ren) in the appropriate age group. All other refund requests must be approved by the PSJSC Board of Directors. There will be a \$10.00 fee for all players withdrawn after players have been registered with FYSA by PSJSC.

Parent name: _____ Signature _____ Date _____

Initial here if you have completed and attached a special request form.

Please order uniforms through your child's coach, team manager, or PSJSC's designated individual