



POPLARVILLE SOCCER CLUB
 P.O. Box 91
 Poplarville, MS 39470

2011-2012 Fees
Ages 4-5 \$55
Ages 6-7 \$60
Ages 8-12 Fall \$25 Full \$65

Player Last Name: _____ First Name: _____ Middle: _____
 Address: _____ City: _____ State _____ Zip: _____
 Date of Birth: ____/____/____ (PLEASE PROVIDE A COPY OF YOUR CHILD BIRTH CERTIFICATE) GENDER: Male Female

PARENT INFORMATION

Fathers Name: _____ Employer: _____ Phone: _____
 Email: _____ Work #: _____ Cell: _____
 Mother's Name: _____ Employer: _____ Phone: _____
 Email: _____ Work #: _____ Cell: _____
 Alternative Emergency Contact: _____ Phone: _____

Jersey.	YXS	YS	YM	YL	AS	AM	AL	AXL	Sock:	SMALL	MEDIUM	LARGE
Short	YXS	YS	YM	YL	AS	AM	AL	AXL				

PSC is a volunteer Organization and participation is encouraged and appreciated of all parents.
Please indicate where you would like to assist with your child's involvement.

Coach Assistant Coach: Team Parents:
 Referee Field Prep: Team Sponsor \$150

MEDICAL INFORMATION

As the parent or legal guardian of a participant in USYSA and PSC, I hereby give my consent for emergency medical care prescribed 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.

PLEASE LIST ANY MEDICAL PROBLEMS OR REQUIRED MEDICATIONS BELOW!

Parents Signature: _____ Date: _____

PARENTAL CONSENT AND WAIVER

I give permission for my child, named above, to participate in the Poplarville Soccer Club program. To the best of my knowledge, my child is medically and physically fit to participate in the program. I, the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the PSC accepting the registrant for its soccer program and activities. I hereby release, discharge and or indemnify the USYSA, PSC and it affiliated organizations and sponsors, their employees, and associated personnel including the owners of 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 authorize. I furthermore want to be registered by PSC and pay fees now in full and state the PSC or anyone on my behalf may pay MSA and USYSA fees and other associated fees and other associated fees to make certain the registration is valid.

Parents/Guardian Signature _____

Date _____

Make Checks payable to Poplarville Soccer Club or PSC:

CLUB USE ONLY

Received by: _____ Date: _____
 Age Group: _____ Amount \$ _____ Cash: Check: Check # _____
 Birth Certificate Number: _____