



Poplarville Soccer Club
 P.O. Box 91
 Poplarville, MS 39470
 (601) 795-3375

2009/2010 Fees

Ages 3-7 \$55
 Ages 8-18 \$65

Player Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Date of Birth ___/___/___ (Please provide a copy of birth Certificate for player file) Gender Male Female

Uniform Size: **SHIRT** YXS YS YM YL AS AM AL AXL AXXL **SHORT** YS YM YL AS AM AL AXL AXXL

PARENT INFORMATION

Fathers Name _____ Employer _____ Phone _____

Email _____ Work # _____ Cell _____

Mothers Name _____ Employer _____ Phone _____

Email _____ Work # _____ Cell _____

Alternative Emergency Contact _____ Phone _____

PSC is a volunteer Organization and participation is appreciated of all parents in our program. Please indicate where you would like to assist your children's involvement:

___ Coach ___ Assistant Coach ___ Team Parent ___ Referee ___ Clerical ___ Field Preparation

___ Board Member ___ Sponsor (Team \$150, Corporate \$300)

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!

Parent/Guardian _____ 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 its 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 that PSC or anyone on my behalf may pay MSA and USYSA fees and other associated fees to make certain the registration is valid.

Parent/Guardian: _____ Signature: _____ Date: _____

Make Checks payable to Poplarville Soccer Club or PSC

CLUB USE ONLY

Received by: _____ Date: _____

Age Group: _____ Amount: \$ _____ ___ Cash ___ Check # _____