



PLAYER INFORMATION

Last Name: _____ First Name: _____ MI: _____ Sex: _____
 Address: _____ City, ST: _____ Zip: _____
 Telephone: _____ Birth Date Month: ___ Day: ___ Year: _____
 E-mail Address: _____

Years of Organized Soccer Playing Experience: _____

Desired Position:	Alternate Position:	Skill Level:
___ Offense	___ Offense	___ Beginner
___ Defense	___ Defense	___ Intermediate
___ Goalie	___ Goalie	___ Advanced

I agree that I will abide by the rules, regulations, and guidelines of the Plum Area Youth Soccer Club (PAS), Pennsylvania West Soccer Association (PA West) and the United States Youth Soccer Association (USYSA), their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the PAS, PA West and the USYSA accepting registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify and hold harmless PAS, PA West and USYSA, its affiliated organizations and sponsors, their employees, servants and agents, including the owners of fields and facilities utilized for the programs, against any claim or action 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 hereby authorize. I hereby grant my permission, in case of physical injury, to have an athletic trainer and/or medical provider administer medical assistance and or treatment.

Name _____
 (Please Print)

Signature _____ Date _____

Insurance/Medical Information

Insurance Co. _____

Policy Number _____

List Drug Allergies _____

List Medical Conditions or Special Needs:

Contact the following in case of emergency:

Name _____

Phone _____

Registration Paid On ___ / ___ / ___	Amount \$ _____	Check Number _____
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