



www.pyslsoccer.net Office: 276.666.6201

Travel Registration -- Season 2011 / 2012

Date Submitted: _____

| | | | |
|------------------|-----------------|----------------|---|
| Participant Name | *Date of Birth: | Place of Birth | Age as of 8/1/2011: |
| School: | 2010/11 Grade | US Citizen? | Ever lived outside US? - If so, when did you re-enter: _____ |

***NOTE: Players must provide their own original (raised seal) birth certificate or passport – copies are not accepted.**

| | | | |
|---|-----------|-------------------|--|
| City / County of Residency: (Please check one) Martinsville___ Henry County ___ Danville ___ Franklin County ___ Patrick County ___ Other: _____ | | | |
| Home Address | City/Town | Zip Code | Please indicate which phone number should be used for correspondence |
| Email Address | | Home Phone Number | |
| Father | Employer | Work Phone Number | Cell Phone Number |
| Mother | Employer | Work Phone Number | Cell Phone Number |

DID YOU PLAY ON A PYSL TRAVEL TEAM LAST SEASON?

Yes ___ No ___

FEES:

***Due at Registration
(Covers Fall Season Only)***

u10-u14: \$335

u15-u19: \$295

UNIFORM SIZE :

Please Allow For Growth for (2) Seasons

Jersey: (S, M, L, XL)

Youth : _____ Adult : _____

Shorts: (S, M, L, XL)

Youth : _____ Adult : _____

Amount Paid : \$ _____

Balance Due : \$ _____

Player Age Group : _____

Top (3) Desired Jersey Numbers: _____

Coach Assignment : _____

Piedmont Youth Soccer League - Medical and Liability Release form for:

Participant's Name (as identified on previous sheet)

Participant's Date of Birth: ____/____/____

Date of last Tetanus: ____/____/____

Known allergies of this participant (including allergies to medicine): _____

Medical conditions of this participant (include current medications): _____

Parents Name: _____ / _____ / _____
Name Phone Number w/ Area Code Alternate Number

Address: _____ / _____ / _____ / _____
Street City / PO State Zip Code

Emergency Contact: _____ / _____ / _____
Name Phone Number w/ Area Code Alternate Number

Alternate Contact: _____ / _____ / _____
Name Phone Number w/ Area Code Alternate Number

Family Physician's Name: _____ / _____ / _____
Name Phone Number w/ Area Code Alternate Number

Medical Insurance: _____ / _____ / _____
Carrier Name Policy # Group #

Policyholder: _____ / _____ / Employer: _____
Name Phone Number w/Area Code

Guarantor (if different from Policyholder): _____ / _____
Name Phone Number w/Area Code

Release made this ____ day of _____, 20____, by _____, parent or legal guardian of _____ (name of participant). In consideration of the permission granted to _____ (name of participant) by Piedmont Youth Soccer League, to participate this 2011 – 2012 Travel Season, I hereby certify that I am the parent or legal guardian of the named participant and do hereby release Piedmont Youth Soccer League, its agents and employees, and the City of Martinsville-Henry County, and its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Piedmont Youth Soccer League, and other described parties for all personal injuries known or unknown my child has/have or may incur by participating in the soccer program and hereby knowingly assume the risk that such child may be injured in such activity. I also hereby attest that my child is physically fit and has no ailment or deformity that should prevent him or her from participating in soccer. I further authorize Piedmont Youth Soccer League officials to take the proper steps to provide said child medical attention should he or she be injured while playing or being transported to or from any Piedmont Youth Soccer League sponsored activity, and I hold said officials and Piedmont Youth Soccer League harmless therefore. I have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: _____ Date: _____

****FORM MUST BE NOTARIZED WITH SEAL****

Subscribed and sworn to before me this ____ day of _____, 20____

My commission expires: _____

Notary Public