

Piedmont Youth Soccer League 2015 Spring Recreation Registration

Participant's Name:				
Date of Birth:	Age:	Grade:	School:	
Name of Parents or Guardian:				
Mailing and Street A	ddress:			
City:			State:	Zip:
Home Phone #: Cell Phone #:		Email:		
Emergency Contact	Name and phone nu	mber:		
Shirt Size: (Circle please)	Youth Small	Youth Medium	Youth Large	Adult Small
	Adult Medium	Adult Large	Adult XL	Adult XXL
Short Size: (Circle please)	Youth Small	Youth Medium	Youth Large	Adult Small
	Adult Medium	Adult Large	Adult XL	Adult XXL
Volunteers ne	eded - Parents, if you	have a few hours a wee	k to help, please circle the category in	which you would like to participate.
Coach a Team	Team Sponsor		Fundraising	Board Member

General Guidelines

- No special request will be accepted. Siblings in similar age division will be placed on the same team.
- Parents and spectators are not allowed on the team side of the field. Only Kid Safe approved adults are allowed in the technical area.
- PYSL provides a soccer jersey, shorts and socks which must be worn in all games
- Payment must be submitted at the time of registration. Credit cards can only be used through our online system.
- Shin guards and cleats are mandatory and parents are responsible for supplying these for their child.
- All players will be placed on teams through a blind draft procedure in the fall. Players will remain on the same team for the following spring season.
- Absolutely no smoking of alcoholic beverages are allowed on SRSC property. Any violators will be asked to leave SRSC.

Code of Conduct

This league is provided for the children to have fun while learning the game of soccer. All parents, players, coaches and spectators are expected to behave in an appropriate manner at all times. Anyone acting in an inappropriate manner will be dismissed from participation within the PYSL.

PYSL will not accept verbal or physical abuse of referees. Referees have total control over games. Anyone showing disrespect toward any referee will be asked to leave the field.

Medical Waiver

Please list any physical handicaps or allergies that your child has that might affect them playing soccer.

Waiver: In order to participate in the PYSL soccer program, I as a parent or guardian of said participant, assume the risk of any injuries to my child. I agree to hold harmless the Piedmont Youth Soccer League, coaches, referees and officers or directors from any and all injuries suffered or caused by said child due to participation in the soccer program. I, as the parent or guardian, will make sure that my child wears the proper clothing and protective equipment during the practices and games, whether or not the equipment is provided by Piedmont Youth Soccer League, and it is my responsibility as the parent to make sure my child has all needed equipment.

I agree to allow transportation of my child to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured said child when deemed necessary. I also understand that soccer is a very physical sport and can be dangerous by nature, and serious injury could result from participation in this sport.

I also agree to allow Piedmont Youth Soccer League staff to photograph my child in the soccer games or practices for promotional purposes.

By signing this form, both parents agree to the above general guidelines, code of conduct and medical release waiver set forth by the Piedmont Youth Soccer League.

Parent's or Guardian's Signature:____

Date:____

Checks Payable: SVRFA/PYSL Send to: 1000 Irisburg Rd. Axton, VA 24054 **Cost:** \$70.00 Tiny Canes - \$60.00 (under 4) Phone: 276.638.5200 ext. 1 E Mail: soccer@pyslsoccer.net Bharrison@SmithRiverSportsComplex.com www.pyslsoccer.net