Spring Only

Perry County Soccer Association
Registration Spring 2012 Form

www.perrycountysoccer.com

email: perrycosoccer@hotmail.com

Child's Name:_____Age: _____ Birthdate:_____

Parent's Name(s):_____Phone #:_____

Parent's Name(s):_____Phone #:_____

Parent's Address:_____

Has your child played before with our league? _____ Sex of Child? _____

Parent's Email:_____

***ALL NEW PLAYERS MUST INCLUDE A COPY OF THEIR BIRTH CERTIFICATE**

Jersey Size (circle One):
YS (4-6) YM (8-10) YL (12-14) AS AM AL AXL AXXL

Shoe Size:_____(for socks)

Do you have texting?_____If so, which number is BEST to reach you?_____

Our association relies on volunteers to ensure success. We have several Board positions vacant. We always need coaches/assistant coaches and help in the concession stand. Any help you can provide is greatly appreciated. Please circle how you are willing to help.

Coach Asst. Coach Concession Stand Fundraising Board Member
Name & phone # of person volunteering:_____

***If coaching, please fill out a coach's form.**

I understand that there are no refunds if my child decides not to play.

Parent/Guardian Signature:_____ Date:_____

Mail completed registration form along with a check payable to PCSA:
Perry County Soccer Association
P.O. Box 474
Pinckneyville, IL 62274

PERRY COUNTY SOCCER ASSOC.
Parent Information

REGISTRATION IS NOW OPEN FOR 2012 Spring SEASON!!

WALK-UP REGISTRATION
Saturday, February 4 from 10:00-12:00 at both the Pinckneyville and Du Quoin McDonalds. Pick up registration forms at Perry County Market Place.

Registration ends February 18 as team draws are the following day. There will be NO EXCEPTIONS on this.

Download registration forms off website at: www.perrycountysoccer.com
Email address: perrycosoccer@hotmail.com
Become our friend on Facebook at www.facebook.com

Spring Season Runs End of March to Beginning of May

INFORMATION/REQUIREMENTS:
ELIGIBILITY: Boys and girls must be 5 years old through 16 years old before August 1, 2012.
PROOF OF BIRTHDAY: A copy of the child's birth certificate (Certified of Hospital accepted) must accompany all NEW player registrations or your registration will be returned to you.
Year Long Season: We run a year-long season. The year-long season includes the Fall 2011 & Spring 2012 seasons. Your child is NOT required to play both the Fall 11 and Spring 12 season! However, in an effort to keep costs down, if your child does intend on playing in both the Fall and Spring seasons, he/she will be on the same team both seasons. You may register for just the Fall 11 season, just the Spring 12 season, or the year-long season on the following application.
FEES: The fees are as follows: $45.00 for the first child, $35.00 for the second child, and $30.00 for each additional child. Fees will be collected at the time of registration. If your check is returned, your child will not be assigned to a team until the check and the processing fee of $15.00 are paid in full. If you registered in the fall for both seasons, you do not need to register again.
UNIFORMS: New this year, team uniforms including jersey, shorts and matching socks will be provided by the Perry County Soccer Association at the start of the season. If your child is playing both seasons, they will only be given one jersey and shorts for the year. In addition, all players are required to wear shin guards during practices and games. Parents must provide shin guards and a soccer ball. Soccer cleats are recommended, but not mandatory.
TEAM ASSIGNMENTS: Perry County Soccer Association offers each child who registers the opportunity to learn and play the game of soccer. Teams will be coed and will be chosen by random. Open team draws will be held on Saturday, February 18 at Red Hawk Country Club. Coaches/Assistant Coaches may have their own children on their team. In addition, a team sponsor may request their child's coach. There will be no refunds given. No player will be assigned to a team until all registration requirements have been met, including fees, proof of birth date, medical waiver and the registration form. IYSA Emergency & Medical Release & Liability Waiver will be required before your child can practice or play.
PRACTICES: Coaches will notify parents of practice schedule after the team rosters are given to the coaches at the Coach's Clinic. Practice times are up to the coach's discretion. All practices are to be held at the PCSA Soccer Complex in Pinckneyville.

For questions email: perrycosoccer@hotmail.com or call Jay (217)801-1100

Emergency Medical Release & Liability Waiver

Participant's Name_____ Birthdate_____

Street Address _____City _____ Zip_____

EMERGENCY INFORMATION

Father's Name_____ Home Phone (_____)_____ Bus Phone (_____)_____

Mother's Name_____ Home Phone (_____)_____ Bus Phone (_____)_____

In an emergency when parent/guardian cannot be reached, please contact the following:

*Name*_____ *Home Phone (_____)_____ Bus Phone (_____)_____*

*Name*_____ *Home Phone (_____)_____ Bus Phone (_____)_____*

Allergies_____

Other Medical Conditions_____

Physician_____ Home Phone (_____)_____ Bus Phone (_____)_____

Medical/Hospital Insurance Company_____ Phone (_____)_____

Policy Holder's Name_____ Policy Number_____

THIS AUTHORIZATION FOR EMERGENCY MEDICALTREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 11/01/04)

Parent/Guardian Signature_____ Date_____

(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's Signature_____ Date_____

(Participant's Signature is required if participant is 18 years of age or older)