



ASPSC Pinecrest Premier Soccer, Inc.
PPSC Competitive Tryout Registration

Player Information:
Player's Last Name _____ First Name _____ M.I. _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Gender _____ Birth Date _____ Grade _____
Email Address _____

Parent Contact Information:
Mother _____ Home Phone _____ Mobile Phone _____
Guardian _____ Home Phone _____ Mobile Phone _____

Emergency Contact Information:
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 _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSSA, USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSSA, USSF/USYSA, 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 on or 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. My son/daughter 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 and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Informed Consent: I, the parent/guardian of the registrant, agree that I/we will abide by the rules of PINECREST PREMIER SOCCER CLUB, the state association - FYSA, and all it's affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize that risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Print Name _____

Signature _____

Date _____