



Portage Youth Soccer Association

Soccer Player Application

Player's Name _____ Phone _____

Parents Name _____ Email _____

Address _____ City _____ Zip _____

Sizes: Jersey Youth or Adult _____ Short Youth or Adult _____ Shoe(socks) _____

Gender M F **Birth Date** ___/___/___ **Grade Entering** _____ **Age** _____

Participation in soccer requires the ability to run for extended periods of time and kick or head a ball (for ages 10 and up). Additionally, participation requires the capacity to understand the rules of the games. Does your child have any condition that limits his/her ability to participate in this activity? YES _____ NO _____

If "Yes", please explain and identify any modification that would enable your child to participate.

Please provide information about allergies or medical conditions that the team should have in case of emergency.

I/We the parent(s) of the above named candidate for a position on a Soccer team, hereby give my/our approval to participate in any and all soccer activities, including transportation to and from activities. I/We know that participation in soccer may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local soccer, Portage Youth Soccer Association(PYSA), Greater Portage Youth Education Foundation, Portage Park and Recreation, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and the amount covered by accident or liability insurance. I/We have read the PYSA code of conduct and the concussion forms found on the PYSA website and agree to follow rules set by PYSA. I hereby grant PYSA permission to use my likeness, or the likeness of my minor child or children in a photograph in any and all its publications, including website entries printed or other media whether now known or hereafter existing, controlled by PYSA, in perpetuity, and for other use by PYSA without further consideration. I hereby irrevocably authorize PYSA to edit, alter, copy, exhibit, publish or distribute the phot for purposes of publicizing PYSA programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein likeness appears.

This application, a MAYSA form, a concussion form, parent/player conduct forms, along with the player fee to cover the cost of equipment, game fees, and officials must be submitted before any player is to participate in any Portage Youth Soccer Association activity. The fee may be reduced by the Board of Directors upon written application of the parent or guardian of the player. Financial Aid application must be received prior to player assignment day.

Being a player, coach, parent, I have read and understand the Portage Youth Soccer Association Code of Conduct and the field rules. As parent and or legal guardian I have read the parent and player concussion information sheet. I agree to abide to this code of conduct and practice good sportsmanship throughout the season. I pledge to help enforce this conduct as written to better the soccer experience for all. All above publications are found on the PYSA website.

Parent Volunteer Selection (please check if you want more info on what we are doing in these areas)

___ Coach ___ Assistant Coach ___ Field Upkeep ___ Fundraising ___ Parent liaison for your team
___ helping plan Family night ___ Board positions ___ committees

Parent Signature _____ Date _____

Fee Pd \$ _____ Cash Check _____ Fall _____ Spring Jersey # _____

Registrations can be mailed to Julie Goldthorpe, W8348 Rocky Rd, Portage, WI 53901