

Putnam County Youth Soccer Association

Fall 2022 Registration

www.putnameastyouthsoccer.org

Each town is responsible for registration of each town's players this year so every town will have its own registration form. If your child would like to play for a different town, please note that on the box on the attached form.

The Putnam County Youth Soccer League East (PCYSL East) is open to all boys and girls in grades 1-4. The Putnam County Youth Soccer League West (PCYSL West) is open to all boys and girls in 5th through 6th grade. The season begins August 1 and ends mid-October.

Registration Fee: \$55 for Grades 1-4; \$70 for Grades 5-6 **Registration Deadline: May 22, 2022**

NOTE: 1st-2nd Grade Co-Ed teams play either Mondays/Wednesdays or Tuesdays/Thursdays
3rd-4th Grade boys play Mondays/Wednesdays
3rd-4th Grade girls play Tuesdays/Thursdays
5th-6th Grade boys & girls play Monday/Wednesday

Help Needed! Number of teams and team sizes will be based on the number of Volunteer Coaches. Please consider coaching as help is needed. Help is also needed for lining fields. Our town relies on volunteers in order to keep the league running. **Key Dates:**

May 22nd – Registration Deadline

July 19th – Players contacted by their coach

August 1st – Practices can begin

August 22nd – Games begin (subject to change)

Questions? Contact your town rep, Ryan Morin 614-314-7537 ryanmorin2305@gmail.com

Once the season starts, check out the website for up to-date information, team schedules, coaches' information, etc.

PCYSL-East Fall 2022 Soccer Registration Form

Make checks payable to PCYSL-East

Mail to: Ryan Morin, 116 S. Belmore St. Leipsic, Ohio 45856

Registration Deadline: MAY 22, 2022

\$10 fee for late registration, absolutely no registrations will be accepted after MAY 29, 2022

\$55 for Grades 1-4 (Passers/Wings) NO REFUNDS

Player's Name:		Birthdate: ___ - ___ - ____	
CHECK DIVISION OF CHILD'S GRADE FOR FALL 2022		Grade In Fall 2022: _____	
<input type="checkbox"/> ***First /Second Grade (Passers) \$55 <input type="checkbox"/> ***Third / Fourth Grade (Wings) \$55			
<input type="checkbox"/> Male <input type="checkbox"/> Female	1ST TIME PLAYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		E-mail:
ADDRESS:		CITY: ZIP :	
CHILD ATTENDS WHICH SCHOOL: <input type="checkbox"/> Leipsic <input type="checkbox"/> Leipsic St. Mary's		ALTERNATE TOWN WILLING TO PLAY FOR <u>IF TOWN</u> <u>DOES NOT</u> HAVE ENOUGH PLAYERS FOR A TEAM: PLEASE LIST TOWN: _____	
CHECK SHIRT SIZE: <input type="checkbox"/> Youth Small (6-8)		<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult XL
<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult XXL	
<input type="checkbox"/> Youth Large (14-16)	<input type="checkbox"/> Adult Large	NOTE: SOCKS WILL ALSO BE PROVIDED	
Parent(s) Name(s):			
Home Phone:		Cell Phone:	
		Can receive text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL CONSIDERATIONS

Siblings Name (if wanting to play on the same team) U8 only if COED: _____

Registration forms must be submitted together for siblings to play on the same team.

VOLUNTEERS NEEDED

PCYSL-East has nearly 700 participants. The organization is always in need of volunteers, coaches, referees, etc. to assist in having a successful season. Please consider one of these opportunities to give back to your community!

I AM WILLING TO: Coach Referee Line Fields Set Up Goals
 Town Rep

Please fill information below if a box is marked:

Name:		
Email:	Home Phone:	Cell:

I would be interested in being a paid referee (Must be at least 8th grade) List information below:

Name:		
Email:	Home Phone:	Cell:

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Please sign below:

LIABILITY WAIVER

We hereby agree that Putnam County Youth Soccer League – East Division, its members, coaches, or officers shall not be liable for any injury or loss in which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of PCYSL-East and we agree to indemnify and hold harmless PCYSL, its members, coaches, and officers or designates of any kind from any claim whatsoever.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my consent to have a coach, athletic trainer, emergency personnel 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.

Parent/Guardian Signature: _____ Date: _____

PARENTS' CODE OF ETHICS

As parents, we will abide by the rules of the game and treat the referees with respect, no matter what he/she calls. Help maintain a climate of enjoyment among spectators by discouraging negative remarks and/or harassment of players, referees, coaches, and other spectators. Exhibit exemplary conduct at games as team discipline reflects the parents' attitude 100%.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

LINDSAY'S LAW

Lindsay's Law went into effect in 2017 to inform and educate students and youth athletes participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest. It is a requirement that all parents and student athletes under age 19, watch the video and review the handout. They can be found at: <http://www.odh.ohio.gov/landing/Lindsays-Law.aspx> (video)

<http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/Lindsays-Law/Parent-Guardian.pdf?la=en>

Please sign below acknowledging that you have watched the video and reviewed the handout.

Parent Signature: _____ Date: _____

Child Signature: _____ Date: _____