

Putnam County Youth Soccer League East (PCYSL East)

Pandora-Gilboa Fall 2022 Soccer Registration

Attached is the 2022 Fall Soccer registration form for all boys and girls between grades 1-6. The season begins August 1 and ends mid-October. Games will be scheduled Monday-Thursday evenings.

Passers Division – grades 1-2 Co-Ed teams play Mon/Wed or Tues/Thurs nights

Wings Division – grades 3-4 Boys play Mon/Wed nights, Girls play Tues/Thurs nights

Strikers Division – grades 5-6 Boys and Girls teams play Mon/Wed nights in Putnam West League

The Passers and Wings divisions will play between Ottawa, Glandorf, Columbus Grove, Miller City, Leipsic, and Pandora.

The Strikers Division will play in the Putnam County West league and will travel to farther towns for away games. Please note that if there are not enough players to field a team for the Strikers Division, players may choose to play for another town, if there are open spots available. **Please note on the form what other town you would be willing to play on.**

To sign up your child, please fill out the attached registration and send a check/money order to the address listed on the top of the registration by **Monday May 22, 2022.**

Fall 2022 soccer details:

Season: practices can start on August 1 – mid October

Age Divisions/Cost: **\$55 for Grades 1-4** (*Passers and Wings Divisions*)

\$70 for Grades 5-6 (*Strikers Division*)

Important Dates:

Registration due: Tuesday, May 22, 2022

Coaches will be contacted: week of July 18th

Players contacted by coaches: week of July 18th

Practices can begin: August 1

Tournament begins: end of September/early October depending on age division (Passers will not have a tournament, they will play additional games)

Coaches Needed! The number of teams and team sizes will be based on the number of volunteer coaches. Please consider coaching as help is needed. Our town relies on volunteers in order to keep the league running. For the Passers and Wings divisions, we also rely on parents to help referee the games.

If you have any questions, please call your town rep:

Brian Barhorst 419-303-8274

For more information, check out our website:

www.PutnamEastYouthSoccer.org

PCYSL-East Fall 2022 Soccer Registration Form

Make checks payable to PCYSL-East
 Mail to: 205 Maplewood Dr., Pandora, OH 45877

ACCT USE ONLY: DATE OF CHECK: _____ CHECK NO.: _____ AMT: _____ NAME, IF APP: _____
--

Registration Deadline: May 22, 2022 Late registration: Add \$10
 \$55 for Grades 1-4 (Passers/Wings) **NO REFUNDS**

Player's Name:		Birthdate: ____ - ____ - _____	
CHECK DIVISION OF CHILD'S GRADE FOR FALL 2021		Grade In Fall 2022: _____	
<input type="checkbox"/> ***First /Second Grade (Passers) <input type="checkbox"/> ***Third / Fourth Grade (Wings)			
<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:		ALTERNATE TOWN WILLING TO PLAY FOR <u>IF TOWN DOES NOT</u> HAVE ENOUGH PLAYERS FOR A TEAM:	
<input type="checkbox"/> PANDORA-GILBOA		PLEASE LIST TOWN: _____	
CHECK SHIRT SIZE: <input type="checkbox"/> Youth Small (6-8) <input type="checkbox"/> Youth Medium (10-12) <input type="checkbox"/> Youth Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL			
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:
<input type="checkbox"/> I would be interested in being a paid referee (Must be at least 8 th grade)		List information below:
Name:		
Email:	Home Phone:	Cell:

Please sign below:

LIABILITY WAIVER

We hereby agree that Putnam County Youth Soccer Association – 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, it's 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: _____