

PCYSL-East Fall 2022 Soccer Registration Form

Make checks payable to PCYSL-East

Mail to: Alan Gerschutz, 309 North Hammer Street 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

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

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"/> MILLER CITY		ALTERNATE TOWN WILLING TO PLAY FOR IF TOWN DOES NOT 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:

FORM CONTINUED ON BACK



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, 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: _____