

# GREATER DES MOINES JUNIOR SOCCER LEAGUE REGISTRATION FORM PELLA SOCCER CLUB

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_ Mother's month & day of birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REGISTRATION DUE: June 8, 2009

\*\*\*\*ALL PLAYERS MUST INCLUDE A PICTURE FOR THE FALL SEASON \*\*\*\*

REGISTRATION FEE: \$50 U8 - U10 (Aug. 1, 1999- July 31, 2003) \$55 U12 – U19 (Aug. 1, 1990 -July 31,1999)

**New Shirt Fee: \$30.00** (for new players or replacement jerseys). The same jersey used during the previous season is used – only order a new jersey if your child cannot fit into the old one.

Shirt size: YS YM YL YXL AS AM AL AXL

- A late registration fee of \$10.00 will be charged to all registrations received after the due date. Once teams are developed, late registrations will be accepted only if there is room on a team. **NO EXCEPTIONS!**
- All fees are non-refundable if the player is offered a position in his/her age bracket and gender. If you choose to not accept the position, fees will not be returned.

**All new first time registering players must bring to registration:** 1. official birth certificate, in order to verify age & birth date, 2. Small photo (1" x 1 1/2") of player

## **TEAMS ARE FORMED BASED ON THE AGES AND THE NUMBER OF PLAYERS AS WELL AS THE ABILITY TO FIND COACHES. TEAM MEMBERSHIP IS NOT GUARANTEED!**

Notice: Although the board tries to keep teams together from one season to the next, there is no guarantee this will happen. The number of players registered for each age bracket and gender dictates team formation. Players' first obligation is to their current age bracket and gender. The club's goal is to allow as many players as possible the opportunity to play soccer.

**Playing up:** There are situations that arise where a player may be asked to play in an older age bracket. This would be done only to allow the player on a roster or to allow another player on a roster. Players can only play up one older age bracket. There is no guarantee they would stay with this team in future seasons.

\_\_\_\_\_ I will allow my player to play up.

\_\_\_\_\_ I will not allow my player to play up.

**Playing Co-ed:** (female players only) Teams are either female or co-ed. There is no "male only" designation. Boys are assigned to the co-ed teams. There are times when it is necessary to assign female players to co-ed teams comprised mostly of male players. Female players assigned to a co-ed team would stay in their own age bracket. There is no guarantee they would stay with this team in future seasons.

\_\_\_\_\_ I will allow my daughter to play co-ed.

\_\_\_\_\_ I will not allow my daughter to play co-ed.

**Mail to:** Deb Michaels 944 202<sup>nd</sup> Ave. Pella, IA 50219 PLEASE MAKE CHECKS PAYABLE TO: **PELLA SOCCER CLUB**

Additional registration forms and information are available at: [www.pellasoccerclub.com](http://www.pellasoccerclub.com)

**OVER**

## PARENTS - WE NEED YOUR HELP - PLEASE VOLUNTEER!

I am interested in: Coaching: \_\_\_\_\_ Asst. Coaching: \_\_\_\_\_ Refereeing: \_\_\_\_\_

Serving on the board: \_\_\_\_\_ Field Work: TBA

### Important

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for this soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, 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 or on 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.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Health Care Provider or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Any medical condition the coach should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

