

Pacific Soccer Association

P. O. Box 111 ~ Pacific, MO 63069

www.pacificsoccerassociation.com

REGISTRATION FOR SOCCER WILL BE ON THE FOLLOWING DATES AT THE GREAT PACIFIC COFFEE HOUSE PATIO

1st – April 18, 2009 from 11:00 a.m. until 1:00 p.m.

2nd – May 9, 2009 from 11:00 a.m. until 1:00 p.m.

3rd – June 13, 2009 from 11:00 a.m. until 1:00 p.m.

Please bring a copy of birth certificate for proof of age.

If registering online at www.pacificsoccerassociation.com or by mail, registration form must be received by **June 20, 2009 – NO EXCEPTIONS.**

Late registration fee of \$10 after June 20, 2009.

Please Circle One

FRANKLIN COUNTY SOCCER ASSOCIATION (blind draw draft)

OR

WEST COUNTY SOCCER ASSOCIATION (West County Only)

Coaches Name: _____

Ride-share is available for siblings in the same division and for players outside of the 63069 zip code ONLY. No more than ONE rideshare may be listed for players outside the 63069 zip code. **NO EXCEPTIONS.** If more than one ride share is listed, no rideshare will be recognized. Matching rideshare information must be listed on BOTH players' forms or it will not be acknowledged. **Rideshare with:** _____

Please Circle Girl or Boy and Complete Date of Birth

Date of Birth: _____

GIRL

BOY

K PeeWee – must be age 4 by 1/1/09

Check here if you are a player over 12 years of age and would like to be considered for refereeing.

*Please call Pat Smiley after 3:00 p.m. with questions
636-271-3803*

PACIFIC SOCCER ASSOCIATION

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YOUTH HEALTH STATEMENT AND PARENTAL CONSENT/ACTIVITY/EVENT ACCEPTANCE FORM

Event: FALL SOCCER

Date of Event: 2009 Season

Father's Name: _____

Mother's Name: _____

Player's Name: _____

Date Of Birth: _____ Male: ___ Female: ___

Address: _____ City: _____ State: MO Zip: _____ County of Membership: Franklin

Home Phone () _____ Work () _____ Other (Cell, Pager, Etc) () _____

List two other people to contact in case parent/guardian cannot be reached.

Name: _____ Relationship: _____ Home Ph: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Ph: _____ Work Phone: _____

Years Played: _____

Parent/Guardian Please Complete

1. Will your child be bringing any type of medication to this event? Yes _____ No _____

If yes, please list type and instructions: _____

2. Does your child have any allergies? Yes _____ No _____ If yes, explain: _____

3. Describe any special needs (medical, physical, or mental challenge) officials should be aware of in making this program safe and accessible for your child. Explain: _____

4. Does your child have any other restrictions or needs not described above? _____

5. Family Doctor: _____ Office Phone: _____ After Hours Phone: _____

If necessary, I approve of officials taking my child _____ to the nearest doctor or hospital. I further understand that should a health problem arise, I will be notified. If I can't be reached by telephone, such medical treatment, including surgery as deemed necessary by competent medical personnel, would be rendered.

PACIFIC/FRANKLIN SOCCER ASSOCIATION ACCEPTANCE

All participants (adult and youth) must observe the following guidelines for conduct.

1. Participate fully in all sessions.
2. Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
3. Observe the established schedule.
4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are NOT permitted. All other participants, guests, chaperones and visitors should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements, sexual connotations, etc are prohibited.
5. No alcohol, stimulants, nonprescription drugs or tobacco products will be allowed.

I understand and accept the responsibility for following the above guidelines. I understand that failure to follow these guidelines will result in dismissal from the event or activity. Further, we accept financial responsibility for damages to property or materials, travel costs and/or program costs which might result from violation of this agreement. I understand and agree that in consideration of the acceptance of my child in these activities, I release the Pacific Soccer Association/Franklin County Soccer Association, their respective officers, agents, and/or employees from all liability and loss (including court cost and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to me or my child, which is caused or claimed to be caused in whole or part by the negligent acts or omissions of the Pacific Soccer Association/Franklin County Soccer Association, their respective officers, agents and/or employees. I will be bound by all rules and regulations while participating in said events.

Fees must be paid in full and on time to be registered for this year's soccer program!!!

FEES: PeeWees \$55 Singles \$65 Family (two or more) \$100

(A \$50 deposit is required for uniforms for Bantams and above. Deposit will be returned when uniform is turned in)

PAID: Check _____ Cash _____ Money Order _____ Online _____ Received By _____ Date _____

Make Checks/Money Order payable to Pacific Soccer Association or PSA. You may send completed form w/ payment to: Pacific Soccer Association, P. O. Box 111, Pacific, MO 63069. Do not send cash! To pay online, go to www.pacificsoccerassociation.com.

This Is A Volunteer Organization – Any Help Is Appreciated. Please circle one

I will: **A.** Coach a Team **B.** Help Coach a Team **C.** Help Work the Concession Stand **D.** Pay an additional \$50 buyout
(A \$50 deposit is required for concession stand duty but will be returned to you after working your shift)

I also understand it is my responsibility as a parent/guardian to make sure the uniform is turned in to the coach at the end of the season. If I fail to do so, my \$50 deposit will be used to replace the uniform and will not be returned.

Parent/Guardian Signature: _____ Date: _____