Pine Bush Youth Soccer Club
Fall Registration Form

www.pinebushyouthsoccer.com

PO Box 1044, Pine Bush, NY 12566

FIRST NAME _____ **MALE** _____ **FEMALE** ____

LAST NAME _____ **AGE** _____**DOB**_____

ADDRESS _____ **GRADE IN SEPT.** _____

CITY/ST _____ **ZIP** _____

EMAIL ADDRESS _____

ARE YOU A RETURNING PLAYER? Y / N

Check desired uniform size below: ←===

==========

YS YM YL AS AM AL AXL AXXL

I would like to coach this team:

Name_____

Phone _____

Shirt size – AS AM AL AXL A2XL

PARENTS _____ **PHONE #** _____

EMERGENCY CONTACT:

_____ **PHONE #** _____

MEDICAL RELEASE:

In the event of needed medical treatment, a player's parent private medical insurance will be used. The Pine Bush Youth Soccer Club provides liability insurance. I, we, as parent or guardian of this player, understand the terms of this registration. In the event of any medical emergency, authorization is given for treatment.

_____Signature

I WOULD LIKE TO SPONSOR A TEAM FOR A FEE OF $100.00 PLEASE USE THE FOLLOWING NAME ON THE TEAM SHIRTS:

_____

AMOUNT PAID: $50 Includes uniform and soccer ball

Does this child have any special health concerns? Yes____ No ____ If yes, please explain below.

_____

_____

PINE BUSH YOUTH SOCCER IS A VOLUNTEER RUN ORGANIZATION. PLEASE KEEP THAT IN MIND WHEN ISSUES OR CONCERNS ARISE DURING THE SEASON. LET'S PLAY SOCCER AND HAVE FUN!