# Pleasant Hill Soccer Club
# Player Registration
# Spring 2012

***(Note: New players must provide a certified birth certificate to the club registrar prior to team placement)***

Player's name _____ Sex: Male: ☐ Female: ☐
*(Last) (First) (M.I.)*

Date of birth _____/_____/_____ Age on July 31, 2011: _____ Mother's date of birth: _____/_____
*(mm/dd/yy) (Must be at least 4 years old) (mm/dd; used for registration ID)*

Returning player: Yes ☐ No ☐ Team division: U06 ☐ U08 ☐ U10 ☐ U12 ☐ U14 ☐ U16 ☐ U19 ☐

Home address _____ ZIP_____ Phone _____

Mother's name/address/phone _____

Father's name/address/phone _____

Contact email (REQUIRED) _____ School _____
*(Club information is sent via email)*

**T-Shirt Size** ***(All players)*** **YS** ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐
***(Y=Youth; A=Adult) (Shirts run small)***

**Club Uniform Size** ***(For NEW U12-U19 players only;*** *returning players should contact Soccer Connections regarding uniform needs.)*

**Jersey:** YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ **Requested Jersey Number (*new players only*)** _____

**Shorts:** YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ **Socks:** S ☐ M ☐ L ☐

## Let us know if you'd like to become a volunteer.

☐ Head Coach ☐ Assistant Coach ☐ Board Member ☐ Certified Referee (paid position) ☐ Field Striper (paid position)

## Medical Information

CONSENT FOR MEDICAL TREATMENT AND ISA RELEASE:

As the parent or legal guardian of the player named on the registration, I hereby give my consent for emergency medical care prescribed by a duly Licensed Doctor of Medicine 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. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Iowa Soccer Association (ISA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for ISA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify ISA, its affiliated organizations and sponsors, their employees and associate 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 same, which transportation I hereby authorize.

Emergency Contact's name/phone _____

Physician's name/phone _____ Hospital_____

List any medical condition the coach should be aware of: _____

## Announcements

- March 18: Coaches meeting – Pleasant Hill Library – All Coaches meet at 1:30 p.m.
- March 24: Equipment pickup day – Sunrise Park – 9 a.m.
- March 31-April 1: First weekend of games. No games will be played on holiday weekends.
- Practices begin 1 - 2 weeks before games. Coaches will contact team members with practice days and times.

_____ **Your initials indicate you have read and agree to follow the PHSC Code of Conduct Policy.**

**Signature** _____
*(Signature of parent or legal guardian required)*

**Mail to: Attn: Kathy Thompson**
Pleasant Hill Soccer Club
225 NE 72nd Street
Pleasant Hill, IA 50327

**Questions? Contact Kathy Thompson by phone 264-8450 or email KathyT003@aol.com.**

**Office Use Only: Date Paid** _____ **Amount Paid** _____ **Check #** _____ **Cash** _____