

2009-10 INTRAMURAL/INTERLEAGUE REGISTRATION

Patchogue-Medford Youth Soccer League

You can register online @ www.PMYSL.org

Please print all information

Last Name	First Name	D.O.B.
Street Address	Town	Zip Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone
Email Address	# of Children Registering <input style="width: 40px; height: 20px;" type="text"/>	Alternative Phone
Any Medical or Psychological Problems/Conditions That Affect Ability to Play Soccer?		

Family Registration Fees

	#Registering		X Per Child Fee	Fees Charged
Intramural		X	\$100	
Interleague		X	\$125	
Per Family Mandatory Fund Raising Fee				\$25.00 *
Total Amount Due (Checks Made Payable to: PMYSL)				\$

***Please note that this is a fee paid per family registering. NOT per child.**

IN WHAT CAPACITY WOULD YOU BE WILLING TO HELP THE LEAGUE?

Head Coach
 Asst. Coach
 Registration
 Trophy Weekend
 Festival

AGREEMENT

I/We, the parent/guardian of the above named candidate for a position on a Patchogue-Medford Youth Soccer League team, hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Patchogue-Medford Youth Soccer League, associated organizations, the organizers, sponsors, supervisors, participants, and persons transporting my/our son/daughter to or from activities, from any claim arising out of an injury to my/our son/daughter, except to the amount covered by accident or liability insurance. I/We will abide by the rules of the Patchogue-Medford Youth Soccer League.

If the above named candidate is selected for a position with the Patchogue-Medford Youth Soccer League, that position and team will be selected by the League Board of Officers at their discretion and I/we will abide by their decision. I/We understand that transportation to and from any League activity is a parental responsibility. I/We certify the accuracy of the information provided herein.

SIGNATURE OF PARENT/GUARDIAN _____

Registration not valid unless signed by a parent or legal guardian.

OFFICIAL USE ONLY

Previous Division:	Team:	Code:
Birth Cert. Yes <input type="checkbox"/> No <input type="checkbox"/>	Intramural <input type="checkbox"/>	Interleague <input type="checkbox"/>
Cash <input type="checkbox"/> Check <input type="checkbox"/>	Amount Received: \$	
Signature of Form Examiner	Date of Registration	Signature of Registrar