



Hattiesburg Youth Soccer Association

Recreational Registration Form

PLAYER INFORMATION

Last Name: _____ First Name: _____
 Middle Initial: _____ Preferred Name: (if different from first name) _____
 Birthdate: ___/___/___ Age on 7/31/09: _____ Sex: M F
 How many seasons of soccer has this player played before this season?
 (e.g., If s/he plays both Fall and Spring, count this as 2 seasons; also count Upward or YMCA)
 Uniform Size: Youth X-Small Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult X-Large

This player lives in Petal but do NOT sub-pool this player w/PYSA

PARENT INFORMATION

FATHER

Last Name: _____ First Name: _____
 Street: _____
 City: _____ Zip: _____
 Primary Email: _____ Other Email: _____
 Primary Phone: (Circle One: H W C) _____ Alternate Phone: (Circle One: H W C) _____ Other Phone: (Circle One: H W C) _____

I am willing to help coach my child's team

MOTHER

Last Name: _____ First Name: _____
 Street: _____
 City: _____ Zip: _____
 Primary Email: _____ Other Email: _____
 Primary Phone: (Circle One: H W C) _____ Alternate Phone: (Circle One: H W C) _____ Other Phone: (Circle One: H W C) _____

I am willing to help coach my child's team

MISCELLANEOUS INFORMATION

REGISTRATION FEES

Please fill out this portion of the form only once for your entire family.

For Official Use Only	
Division U _____	Boys Girls
Birth Certificate: Yes No	
Certificate #: _____	
Amount Paid: _____	
Paid By: <input type="checkbox"/> Check (# _____)	
<input type="checkbox"/> Cash	

Number of **U6** players: _____ X \$60 = _____
 Number of **U8** players: _____ X \$65 = _____
 Number of **U10 and up** players: _____ X \$70 = _____

Subtotal _____

Multi-Player Discount (\$5 off per additional player) _____
 2 players = \$5; 3 players = \$10; 4 players = \$15; 5 players = \$20; 6 players = \$25

Late Fee (\$25 after August 15, 2009)

Total Registration Due _____



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Player Release Form

I/We the parent(s) or legal guardian(s) of the above-named candidate for a position on a youth soccer team, hereby represent that such child is in good health and can participate in recreation soccer. (Physical exams by player's physician are recommended.) I/We do further give my/our permission for such child to receive emergency medical and surgical treatment procedures of any kind and nature, which may be deemed advisable by any physician who may attend or treat such child at or during all soccer related activities, including, going to or coming from soccer practice, activities or games. I/We hereby absolutely assume all risks and hazards incidental to such participation and release, absolve, and fully forgive and further agree to indemnify and hold harmless HYSA and all persons and entities associated with HYSA including persons transporting my/our child to or from activities. From every claim, demand, action or right or action, of whatever kind or nature, either in law or in equity arising from or by reason of any injury known or unknown or death to my/our child or property damage whether the result of negligence or any other cause. This agreement is given in consideration for my/our child's being allowed to participate in the aforesaid soccer activities. I/we also agree to provide a copy of child's birth certificate upon request by HYSA. The applicant/player, and parents, or guardians in the case of minors, agree that registration with HYSA is a binding agreement. Upon placement on a team and payment of fees (registration, participation or uniform cost), whether whole or partial, the player will have an obligation to complete their requirements as a registered member of HYSA. As part of these requirements, player will play for no team, club, organization, individual, or group of individuals against any HYSA sponsored team, unless given written permission by HYSA. In the event that the team player is assigned is disbanded, I/we understand that team members may be reassigned to other teams at the discretion of HYSA. If player is not placed on another HYSA team, player will be released from their obligations to HYSA.

Signature of Member, Parent, or Legal Guardian

Date