

**Please fill out as completely as possible. All \* items must be filled in.**

[ \_\_\_\_\_ ] **PYSL SOCCER REGISTRATION Form**

\*Player's Name: \_\_\_\_\_

\*First \*Last

\*Gender: Circle M F \*Player's birth date: \_\_\_\_\_ [ \_\_\_\_\_ ]  
month day year

\*Player's age as of 8/1/**This Year**: \_\_\_\_\_

\*School grade in fall **This Year**: \_\_\_\_\_

\*E-mail (for communication): \_\_\_\_\_ (*print clearly*)

\*Home tele#: \_\_\_\_\_

\*Player's street address: \_\_\_\_\_

Pepperell 01463

\*Parent1: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Last

\*Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_ (*print clearly*)

(if same, write same)

Parent 1 volunteer info: Circle coach asst. coach team parent field maintenance

Parent 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Last

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ (*print clearly*)

(if same, write same)

Parent 2 volunteer info: Circle coach asst. coach team parent field maintenance

Emergency contact (parents above contacted first): \_\_\_\_\_

[if other than parent(s)]

Relationship: \_\_\_\_\_ Emergency contact Tele#: \_\_\_\_\_

(if other than parents above)

Doctor name: \_\_\_\_\_ Dr. Tele #: \_\_\_\_\_

Insurance co name: \_\_\_\_\_

Any medical conditions/comments:

\_\_\_\_\_ [

pd ck # \_\_\_\_\_ ]

**Make check out to PYSL. Mail to: PYSL 59 Oak Hill St , Pepperell Ma, 01463**

**Include \$5.00 manual processing fee and \$10.00 Late fee, if registering late.**