



PLYSA

Player Registration Form

PLYSA League: _____

Players First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent E-mail _____ School _____ Grade _____

Birth Date: ____/____/____ Gender: M F Shirt Size: _____

Today's Date: ____/____/____

Parent 1

Parent 2

Name: _____ Name: _____

Home Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

League use only

Registration Fee \$____.00

____ Paid Cash

____ Paid Check # _____

Total Amt. Paid \$ _____

Birth Cert. Copy Y / N

Medical Release Complete Y / N



PLYSA

Player Registration Form Part 2

I/We, the parent/guardians of the above-named player hereby give my/our approval to participate in any and all PLYSA activities. _____ *Initial*

I/We, the parent/guardians of the above-named player hereby give my/our approval to allow pictures of my child to be used in PLYSA advertisements and on the PLYSA website. _____ *Initial*

I/We know that participation in sports and recreation programs may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the PLYSA, the organizers, sponsors, supervisors, participants, the board members, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. _____ *Initial*

I/We agree to provide proof of legal residence and age. I/We understand that our child must be eligible under residence regulations of PLYSA to participate in PLYSA leagues and that if any controversy arises regarding residence and/or age, the decision of the PLYSA shall be final and binding. _____ *Initial*

I/We will furnish a certified Birth Certificate of the above-named candidate to League Officials upon signing up and upon request. _____ *Initial*

I/We understand that unwelcome behavior of parents, such as voicing loud uncomplimentary opinions of umpires, managers or players, smoking and/or drinking alcohol, fighting or provoking a fight is not condoned at PLYSA League games and can be cause for player and/or parent/guardian expulsion from PLYSA field grounds. _____ *Initial*

I/We will make every effort to make my/our presence at the games and practices a source of encouragement for the players, volunteer managers/coaches, and volunteer umpires, and not subject them to harsh criticism. _____ *Initial*

I/We understand the importance of parent involvement in this volunteer program and will do my/our part to lend a hand in fund raising, facility maintenance, snack bar labor, and other areas where our help is needed. _____ *Initial*

I/We understand that the our child will not be added to the player roster for team selection or play until all forms have been submitted and registration fees have been paid in full. _____ *Initial*

I/We agree to the following: If I remove my child from the PLYSA activity after registration and payment have been submitted, but before the first practice, I/We are entitled to a refund of the registration fees paid minus a \$25.00 fee. If I/We remove my child after the first practice, I/We forfeit any and all registration fees paid and that no refund will be given. _____ *Initial*

Please circle any other volunteering items that interest you:

Manager*/ Coach*/ Team Parent*/ Field & Park Maintenance/ Clean Up Days/ Other.

*** Denotes a Volunteer Application is required.**

Parent or Guardian Signature: _____ Date: _____

Printed Name : _____

Name of Player : _____

AT LEAST \$25 WILL BE NON-REFUNDABLE SHOULD YOU SIGN UP AND THEN QUIT.