

Fall 2009 REGISTRATION FORM

Prosper Soccer
P. O. Box 1207
Prosper, TX 75078
972-738-9095
 www.propersoccer.org

U12 and under	\$65**
U13 and over	\$85**

OFFICE USE ONLY	
<input type="checkbox"/> New Player	
<input type="checkbox"/> Return Player/Same Team	
<input type="checkbox"/> Return Player/Transfer	
<input type="checkbox"/> Return Player/Pool	
Division: _____	
Input Date: _____	Init. _____

****Birth Certificates required for all New Players****

PLAYER STATUS

<p>Choose one:</p> <p><input type="checkbox"/> New Player (Must be 4 prior to Aug 1 for fall & Jan 1 for spring)</p> <p><input type="checkbox"/> Returning Player/Same Team:</p> <p><input type="checkbox"/> Returning Player/New Team</p> <p><input type="checkbox"/> Skipped 1 season/RQST previous team</p> <p><input type="checkbox"/> Skipped 1 or more season/PLAYER POOL</p> <p>Choose one</p> <p>Last Season Played: <input type="checkbox"/> Fall 08 <input type="checkbox"/> Spring 09 <input type="checkbox"/> PASO Previous</p> <p>Last Team: _____ Coach: _____ Division: _____</p>	<p>SPECIAL REQUESTS—NOT GUARANTEED</p> <p><input type="checkbox"/> Play up to next age division: Division: _____</p> <p><input type="checkbox"/> Play with Sibling: Name: _____</p> <p><input type="checkbox"/> New U6 (and younger), play with Friend: Name: _____</p>
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PLAYER INFORMATION:

Last Name: _____ First Name: _____ Middle Init: _____ Address: _____ Apt #: _____ City: _____ ZIP: _____ Phone #: (_____) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birth date: ____/____/____ Prosper School (must include even if not attending): _____ Grade: _____ <small>(Do not use private school or home school, this if for location purposes only)</small> Email Address - print clearly: _____	
<p>Father</p> Last Name: _____ First Name: _____ Work/Cell: _____ Email: _____ Coaches are needed to form teams, indicate where you can help: Circle at least one option below to VOLUNTEER: Coach Asst Coach League Other _____	<p>Mother</p> Last Name: _____ First Name: _____ Work/Cell: _____ Email: _____ Coaches are needed to form teams, indicate where you can help: Circle at least one option below to VOLUNTEER: Coach Asst Coach League Other _____
Emergency Contact: _____ Ph#: _____ Relation: _____ Doctor: _____ Ph#: _____ Note: _____ List any medical conditions: _____	

IMPORTANT—READ & SIGN BELOW: New F09— Check must be received before team placement

I, parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the 'Programs'), I hereby release, discharge and/or otherwise indemnify the USYSA, PASO, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against all claims 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 the same, which transportation I hereby authorize.

As the parent or legal guardian of the above name players, I hereby give 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 life, limb, or well being of my dependent.

All information provided above is true to the best of my knowledge.

Signature of Parent or Legal Guardian: **X** _____ Date: _____

OFFICE USE ONLY

Check Cash Money Order Scholarship
 Proof of birth submitted

PASO official: _____
Player Fee: \$ _____
Check #: _____

*Note: A portion of the registration fee may be used for equipment, ref. fees, insurance, trophies, NTSSA fees etc...