

PERSIMMON RIDGE SOCCER ASSOCIATION

The following leagues will be offered – Please circle age group: Age as of Sept. 30

Rookie Ages 5 – 7 Memorial Ages 8 – 9 Intermediate Ages 10 – 12 Advanced Ages 13 – 15

Name of Player _____

Phone # _____ Cell Phone # _____

E-Mail address _____

Address _____

City/State/Zip _____

Age: _____ Date of birth _____ Male _____ Female _____

Did you play last year? _____ Name of coach/ color of team _____

Would you like the same team/coach? _____ What school do you attend? _____

Shirt size: Youth> M – L – XL Adult> S – M – L- XL

Parent/Guardian Name: _____ Relation: _____

Address _____ City/State/Zip _____

Phone # & Cell # if different from above _____

Medical Insurance Information (The City does not offer accident insurance)

Name of insurance company _____

Name of insured _____

Please list any medical situations we need to be aware of: Asthma – Bee stings – Food Allergy – etc.

In case of emergency notify: Name _____

Address _____ Phone: _____

I authorize my child to participate in youth soccer program and I hereby release Jonesborough Parks & Recreation, Persimmon Ridge Soccer Association, Employees of both parties, coaches, assistants, and all other persons involved with this program from any and all responsibility of any injury that he/she may sustain while participating.

Signature: _____ Date _____

I am interested in: Coaching _____ Assisting _____ Sponsoring _____

IF YOU ARE INTERESTED IN COACHING, SPONSORING OR KNOW SOMEONE THAT MIGHT PLEASE LET SOMEONE KNOW SO YOU CAN GET THE PAPERWORK BEFORE YOU LEAVE. THANK YOU!

FOR SOCCER USE ONLY

Date Paid: _____ Amount _____ Check# _____ Cash _____

of Children Registering _____ Birth Certificate: On file _____ Copy Made _____ Needs _____

\$35.00 PER CHILD....PAYMENT DUE AT TIME OF APPLICATION