Easthampton Youth Soccer Association

P.O. Box 1174 Easthampton, MA 01027

PVJSL REGISTRATION FORM

Once completed mail to above address along with payment

PVJSL Registration Fees:

$75 per child – FALL / $50 per child – SPRING (returning players)

Late fee of $15 per child applies as of June 5th. Registration cutoff date – July 2nd.

Child's Name: ______________________________________ Sex: M_____ F______

Address: ____
Number and Street Town

Home Phone: _____________ Emergency Phone: ____________ Email: _________________

Birthdate: ___________ Age: ______ Grade: ________ Years Experience: ________
Month/Day/Year Years Entering in Sept. 05

Age Division: U______ Coach: __________________________________
Played last year

Physical Impairments (if any): ____

Medical Insurance: ____
Name of Company Policy Number

STATEMENT OF GOOD HEALTH

I hereby certify that my child is in good health and may participate in all games, activities and practices.

EMERGENCY TREATMENT

In case of emergency, I grant my permission for my child to be given emergency treatment at a local hospital.

I _____ **DO** _____ **DO NOT** give permission for pictures of my child to appear on the EYSA, Inc. website. Children's name will **NOT** be included with pictures.

_________________________ _________________________________
Date Signature of Parent or Guardian

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Printed Name of Parent or Guardian

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VOLUNTEERS

_____ Coach _____ Asst. Coach _____ Referee _____ Concession Stand _____EYSA Board of Directors