

# PERSIMMON RIDGE SOCCER ASSOCIATION

The following leagues will be offered – Please circle age group your child will be in (his/her age as of September 30):  
Rookie Ages 6 – 7 Memorial Ages 8 – 9 Intermediate Ages 10 – 12 Advanced Ages 13-15

Name of Player: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Did you play last year? \_\_\_\_\_

What age group? \_\_\_\_\_ # of years played \_\_\_\_\_ Name of Coach or color of team? \_\_\_\_\_

What school do you attend? \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Please circle one - Father – Mother – Grandparent – Other \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of insurance company: \_\_\_\_\_

Name(s) of insured: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list any medical situations we need to be aware of: Asthma - Bee Sting – Food Allergy

\_\_\_\_\_

If there are any medications taken on a daily basis please make your coach aware of these.

In case of emergency notify: Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

I authorize my child to participate in the youth soccer program and I hereby release Jonesborough Parks and 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 this season.

Signature: \_\_\_\_\_ Mother – Father – Grandparent - Other

I am interested in: Coaching \_\_\_\_\_ Assisting \_\_\_\_\_ Sponsoring \_\_\_\_\_

Any special instructions (brother/sister on same team, riding purposes, etc.) \_\_\_\_\_

Any suggestions to help the soccer league run smoother? \_\_\_\_\_

PLEASE CHECK AND SIGN HERE IF YOU DO NOT WISH YOUR CHILD'S PICTURE TO BE DISPLAYED BY PRSA



DO NOT USE MY CHILD'S PICTURE

Signature \_\_\_\_\_

## **FOR SOCCER USE ONLY**

Date paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

# of Children Registering \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ On File \_\_\_\_\_ Copy made \_\_\_\_\_ Needs  
\$25.00 – one child \$45.00 – two children \$60.00 – three children \$70.00 – four children

**Please make check payable to: Persimmon Ridge Soccer**

**If mailing – please mail to: Sherrie Stalcup, Treasurer - P. O. Box 402 - Jonesborough, TN 37659**