PERRIS JR'S YOUTH SOCCER
2055 N. PERRIS BLVD. #A-6
PERRIS, CA 92571
BUSINESS (951) 443-1865 FAX (951) 443-2985

APPLICANT INFORMATION

LAST NAME_____ **FIRST NAME**_____

ADDRESS_____ **PHONE:**_____

CITY_____ **ZIP**_____ **D.O.B**_____ **AGE**_____

Parent/Guardian Information

Mother_____ **Home Phone**_____ **Work**_____

Other _____ **Home Phone** _____ **Work**_____

Emergency Contact_____ **Home Phone**_____ **Work**_____

Do you want brother or sister on the same team if eligible? If so players name_____

Participation Agreement

We the legal parent/guardian(s) of the above applicant, here by authorized P.J.S.C to accept him/her into the following program. We understand the following conditions are necessary for participation;

I/we agree to abide by the local by-laws and rules of Perris Jr's.
Registration fees must be paid in full prior to the first game of the season.
Transportation to and from practice and games is the responsibility of the parent/guardian.
Attendance and conduct could affect game playing eligibility.
All players are to be drafted; every player will have the opportunity to try out for the draft.
We give player permission to participate in all P.S.J.C activities and fund raisers.

Waiver of Liability & Disclaimer

We the legal parent/guardian(s) of the above named minor agree to release, indemnify, and hold harmless the following below named entities from any claim arising out of injury to the named individual, or any claim arising out of injuries and/or conditions caused by aggravated by my/our refusal to obtain available medical treatment based on religious/philosophical beliefs, neglect, or otherwise. These entities are P.S.J.C AND ANY REPRESENTATIVES, THE CITY OF PERRIS AND PERRIS JR'S S.C STAFF.

Medical Information and Emergency release

Does the applicant have any disabilities, limitations or present injuries, heart or respiratory conditions? ***YES / NO***
List allergies or other medical information:_____
In case of an emergency I / we authorize in my absence a representative of P.S.J.C. to administer first aid or obtain medical attention for the above named minor. In the event of an emergency needing physician care player will be taken to the closest medical care center. I/we authorize any P.J.S.C. representative or vehicle driver to consent to any examination and / or treatment as needed, until I / we can be notified.

By my signing my signature below, I / we are stating that I / we have read, understood and agree with the above agreement, disclaimer, and emergency release.

_____ _____ _____
PRINT NAME **SIGNATURE** **DATE**

Receipt of registration: (all fee's must be paid in full to be eligible to play)

Amount Paid $_____ **Date**_____ _____

Balance Due $_____ **Cash/Check #**_____ **P.J.S.C Resprentative Signature**