

PEPSI-COLA YOUTH SOCCER LEAGUE OF NEWBURGH, INC.

Registration for the 2008 season will be held on **July 19 and August 2, 2008**, from 9:00am to 12:00 noon at the AMAX Fields. Registration by mail is strongly encouraged. Simply fill out both sides and **send with a check to:**

Newburgh Pepsi-Cola Youth Soccer
P.O. Box 284
Newburgh, IN 47629

2008 Registration Fees

Age Division	Age (as of 7/31/08)	Leagues	Format	Thru July 21 st	After July 21 st
Mountain Dew U6	4 & 5	Coed	4 v 4	\$40.00	\$50.00
Sunkist U8	6 & 7	Boys & Girls	6 v 6	\$75.00	\$85.00
Dr Pepper U10	8 & 9	Boys & Girls	6 v 6	\$75.00	\$85.00
Pepsi U12	10 & 11	Boys & Girls	8 v 8	\$75.00	\$85.00
Dad's Root Beer U15	12, 13, & 14	Boys & Girls	11 v 11	\$75.00	\$85.00
Diet Pepsi U18	15, 16, & 17 ⁽¹⁾	Coed	11 v 11	\$75.00	\$85.00

Age groups based upon US Youth Soccer and Indiana Youth Soccer guidelines

(1) The Diet Pepsi league will accept players who are 18 years old if attending high school

Note: Payment must be received with registration form for the player to be eligible for the team draws.

A coach or league representative will contact you by August 11 (August 25 for Diet Pepsi) with the date and time for your first practice. Because this league is run entirely by volunteers, **all families will be required to work in the concession stand one or two nights per player per season. By registering your child, you agree to work in the concession stand when required.**

Player's Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ City: _____ ZIP: _____

Gender: **B / G** Date of Birth: _____ Age on 7/31/08: ____ Email: _____

Experience Level

Has this player played organized soccer before? No / Yes → How many years? _____

Did this player participate in Pepsi-Cola Youth Soccer last year? No / Yes → Team: _____

Has this player played on a travel/select team within the past 12 months? No / Yes → Club: _____

Other Considerations

Is there a sibling who is close enough in age to play on the same team? No / Yes → Name: _____

Is this player also trying out for a fall junior high or high school team? No / Yes → School: _____

Father's Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ City: _____ ZIP: _____

Email: _____ Date of Birth (m/d): _____ Mobile Phone: _____

Father will help: Coach: ____ Asst: ____ Required for Registration Business Mgr: ____ Field Upkeep: ____ Other: ____

Mother's Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ City: _____ ZIP: _____

Email: _____ Date of Birth (m/d): _____ Mobile Phone: _____

Mother will help: Coach: ____ Asst: ____ Required for Registration Business Mgr: ____ Field Upkeep: ____ Other: ____

Pepsi-Cola Youth Soccer of Newburgh is run entirely by volunteers. Please get involved in support of your children. Call John Simon (490-0150) for more information regarding volunteer opportunities or Kathy Williams (858-1104) for registration questions.

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Medical Release Form

As the parent/legal guardian of _____, I Request that in my absence the above-named player be admitted to any hospital facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth: ____/____/____

Date of last Tetanus Booster ____/____/____

Known allergies of this player, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician _____

Phone: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Person to notify if Parent/Guardian is unavailable: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Insurance carrier: _____ Policy Number: _____

Signature of Parent/Guardian: _____ Date: _____

THIS AUTHORIZATION MUST BE EXECUTED AND TURNED IN TO YOUR COACH BEFORE THE FIRST PRACTICE

FOR LEAGUE USE ONLY

League Assignment: _____

Reg. Fee Paid: _____

Paid by Check No: _____

Team Assignment: _____

Initials: _____

Paid in Cash, Receipt No: _____