

# PEPSI-COLA YOUTH SOCCER LEAGUE OF NEWBURGH, INC.

[www.newburghyouthsoccer.com](http://www.newburghyouthsoccer.com)

Registration for the 2009 season will be held on **July 25 and August 8, 2009**, 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**

## 2009 Registration Fees

Age Division	Age (as of 7/31/09)	Leagues	Format	Thru July 25 <sup>th</sup>	After July 25 <sup>th</sup>
Mountain Dew U6	4 & 5	Coed	4 v 4	\$45.00	\$55.00
Sunkist U8	6 & 7	Boys & Girls	6 v 6	\$80.00	\$90.00
Dr Pepper U10	8 & 9	Boys & Girls	6 v 6	\$80.00	\$90.00
Pepsi U12	10 & 11	Boys & Girls	8 v 8	\$80.00	\$90.00
Dad's Root Beer U15	12, 13, & 14	Boys & Girls	11 v 11	\$80.00	\$90.00
Diet Pepsi U18	15, 16, & 17 <sup>(1)</sup>	Coed	11 v 11	\$80.00	\$90.00

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 starting August 10 (August 24 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 7/31/09: \_\_\_\_ 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: \_\_\_\_ 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: \_\_\_\_ 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.

# PEPSI-COLA YOUTH SOCCER LEAGUE OF NEWBURGH, INC

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tetanus Booster Current (circle one) YES NO

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: \_\_\_\_\_