



**PENDLETON YOUTH SOCCER ASSOCIATION**  
*Member of Youth Division of US Youth Soccer/Oregon Youth Soccer Association*  
**MIDDLE SCHOOL SOCCER REGISTRATION**

**MIDDLE SCHOOL**

**Attach copy of birth document if one is not on file.  
 REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT.**

**PLAYER INFORMATION** PLEASE PRINT • ONE PLAYER PER SHEET PLEASE

LAST NAME				FIRST NAME				M.I.		<b>Fall Registration</b> <b>\$80</b> (includes OYSA fees & uniform)  <b>ALL PLAYERS PLEASE INDICATE UNIFORM SIZE:</b> <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large  AMOUNT RECEIVED: \$ _____  <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH
DATE OF BIRTH:	MO.	DAY	YEAR	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	GRADE THIS FALL: 6 7 8		SCHOOL:		
ADDRESS:										
CITY			STATE			ZIP				

LIST ANY MEDICAL CONDITION WHICH WOULD LIMIT CHILD'S ABILITY TO PLAY:

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PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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DOCTOR TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

★ *Please circle best/preferred contact info.* ★

<b>GUARDIAN 1 NAME:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				PHONE #1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
ADDRESS (if different from child's):				PHONE #2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
CITY		STATE		ZIP		E-MAIL	
<b>GUARDIAN 2 NAME:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				PHONE #1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
ADDRESS (if different from child's):				PHONE #2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
CITY		STATE		ZIP		E-MAIL	

**PHOTO RELEASE:** Can we post photos of your child on PYSA's Facebook page & website?     YES     NO

\*\*\*\*\* **IMPORTANT!! Signature required for child to play** \*\*\*\*\*

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT (Minor)**  
 As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to prevent the loss of life, limb or well-being of my dependent.

NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

Mail form and fees to: PYSA  
 PO Box 177  
 Pendleton, OR 97801



**PLEASE SIGN ON BACK** ----->

VISIT [PendletonYSA.com](http://PendletonYSA.com) for more information.

**As a player of the Pendleton Youth Soccer Association, I agree to the following code of conduct:**

1. Keep a positive can-do attitude.
2. Arrive promptly and ready to go for all practices and games. I will not miss practice so I can learn skills.
3. Refrain from the use of profanity, both on and off the field.
4. Respect my coaches and teammates, and to only give positive encouragement.
5. Respect my opponents and teammates and not play in a way that would purposely hurt or injure another player.
6. Treat all referees with proper respect and to accept their decisions without argument.
7. Accept my team placement.
8. Accept all coaching decisions during games without question.
9. Exhibit humility when winning and grace when losing.
10. To remember that I represent myself, my team, my club, and my city with my actions, play and comments.
11. I will represent my team by wearing the official uniform to each match to show sportsmanship and team spirit.

**Players who do not display appropriate sportsmanship may lose the privilege of playing for PYSA. I will strive to practice sportsmanship both on and off the field.**

**PLAYER INITIALS \_\_\_\_\_**

**As a parent of a player for the Pendleton Youth Soccer Association, I agree to the following code of conduct:**

1. Help my player to meet all team and club expectations and commitments.
2. Accept the team placement of my player and encourage my player to honor his/her team by wearing the official uniform.
3. Be encouraging, supportive and affirmative in regards to my player's play on the field.
4. Be respectful of ALL referees, players, coaches, and spectators.

**Parents who do not display appropriate behavior on the sidelines WILL be asked and expected to leave the sidelines. I have read and comprehend the PYSA Code of Conduct and will strive to maintain this level of sportsmanship. Remembering that this is an activity that encourages healthy teamwork.**

**PARENT INITIALS \_\_\_\_\_**

**SIGNS AND SYMPTOMS OF A CONCUSSION:**

**What to do If you suspect your child has experienced a bump or blow to the head or body during a game or practice, watch to see if the child:**

- Appears dazed or stunned
- Is confused about sports assignment or position
- Forgets an instruction
- Is unsure of the game score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events before the hit or fall
- Can't recall events after the hit or fall

**The student athlete may report additional symptoms:**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggish, hazy, foggy or groggy feeling
- Concentration or memory problems
- Confusion
- Doesn't feel "right"

**I have read the above and shared it with my child.**

**PARENT INITIAL \_\_\_\_\_**

**What to do when you or the coach feel that the child has suffered a concussion**

1. **Seek medical attention right away.** A health care professional can determine if a concussion occurred, how serious it is and when it's safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. **Don't let your child return to play until a health care professional says it's OK,** even if your child insists otherwise. Children who return to play too soon – while the brain is still healing – risk a greater chance of having a second concussion. Second or later concussions can be extremely serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. The coach may not know about a previous concussion, and there could be serious health risks for your child.

**Parent name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_**