



Peaks Area Soccer Association, P.O. Box 2133, Forest, VA 24551

REGISTRATION FORM

**THIS COMPLETED AND SIGNED FORM IS REQUIRED IN ORDER FOR REGISTRATION TO BE VALID.
WITHOUT THIS FULLY COMPLETED FORM YOUR CHILD WILL NOT BE ELIGIBLE TO PARTICIPATE.
PLEASE PRINT LEGIBLY**

LAST	FIRST
PARTICIPANT NAME:	
DATE OF BIRTH: ____ / ____ / ____ (mm/dd/yyyy)	AGE: ____ MALE / FEMALE
PARENT/GAURDIAN NAME[S]:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBERS	Primary: Work (Dad):
Cell (Mom):	Cell (Dad): Work (Mom):
Email (1):	Email (2):
SCHOOL NAME:	GRADE (This year):
MEDIA RELEASE:	
<p>I grant permission for myself and /or my child to be interviewed, photographed, audio taped and/or videotaped by Peaks Area Soccer Association, Peaks Area Soccer Association affiliates, and members of the news media for publication in news stories, advertisements, promotional materials or other print or electronic publications which include the "PASA Newsletter" and miscellaneous brochures and advertisements.</p> <p>PASA regularly uses email lists as a means of mass communication. I grant permission for my email address(es) to be used for such PASA-specific purposes, and I understand that I may unsubscribe at any time.</p>	
→ PARENT SIGNATURE: _____ DATE: _____	

**FOR
OFFICIAL
USE
ONLY**

COMPLETED REGISTRATION INCLUDES

____ REGISTRATION FORM (FULLY COMPLETED AND SIGNED IN 2 PLACES)

____ PAYMENT (METHOD: CASH / ONLINE / CHECK)

____ AGE GROUP

____ REGISTRATION NUMBER

SEE SECOND PAGE

PEAKS AREA SOCCER ASSOCIATION, INC. RELEASE FORM

CHILD'S NAME _____ RELEASE MADE THIS ____ DAY OF _____, 20____
[PARENT'S NAME] _____ PARENT OF [CHILD'S NAME] _____ IN
CONSIDERATION OF THE PERMISSION GRANTED TO MY CHILD OR CHILDREN BY PEAKS AREA SOCCER ASSOCIATION,
INC. TO PARTICIPATE IN SOCCER PROGRAMS FOR THE FALL AND SPRING SEASONS, I HEREBY RELEASE PEAKS AREA
SOCCER ASSOCIATION, INC. FROM ALL ACTION, CAUSES OF ACTION, DAMAGES, CLAIMS OR DEMANDS WHICH I, MY
HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNEES MAY HAVE AGAINST PEAKS AREA SOCCER ASSOCIATION, INC.,
ITS OFFICERS, OR OTHER PARTIES ACTING ON BEHALF OF PASA FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN,
THAT [CHILD'S NAME] _____ HAS OR MAY INCUR BY PARTICIPATING IN THE SOCCER
PROGRAM AND HEREBY KNOWINGLY ASSUME THE RISK THAT SUCH CHILD MAY BE INJURED IN SUCH ACTIVITY. I
HEREBY ATTEST THAT MY CHILD IS PHYSICALLY FIT AND HAS NO AILMENT THAT SHOULD PREVENT HIM/ HER FROM
PARTICIPATING IN SOCCER. I FURTHER AUTHORIZE PEAKS AREA SOCCER ASSOCIATION, INC. OFFICIALS TO TAKE
PROPER STEPS TO PROVIDE MEDICAL ATTENTION SHOULD MY CHILD BE INJURED WHILE PLAYING OR BEING
TRANSPORTED TO OR FROM ANY PEAKS AREA SOCCER ASSOCIATION, INC. SPONSORED ACTIVITY. I HOLD SAID
OFFICIALS AND PEAKS AREA SOCCER ASSOCIATION, INC. HARMLESS THEREFORE. I HAVE READ THIS RELEASE AND
UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PLEASE LIST ANY HEALTH CARE NEEDS OF WHICH PASA SHOULD BE AWARE:

FAMILY DOCTOR: _____ PHONE NUMBER: _____

HEALTH INSURANCE CARRIER: _____

CONDUCT RELEASE

I ACCEPT FULL RESPONSIBILITY FOR MY CONDUCT AND THE CONDUCT OF OTHER FRIENDS AND/OR FAMILY MEMBERS ATTENDING PASA ACTIVITIES WITH ME. IN CONSIDERATION OF MY CHILD'S PARTICIPATION, I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FINES LEVIED AGAINST PASA BY ANY ORGANIZATION/LEAGUE AS A DIRECT RESULT OF FRIENDS, FAMILY MEMBERS, OR MYSELF ACTING IN A NON-SPORTSMANLIKE MANNER (E.G., VERBAL OR PHYSICAL ABUSE OF PLAYERS, COACHES, REFEREES, OR OTHER PARENTS ATTENDING).

➔ PARENT SIGNATURE: _____ DATE: _____