



PLAYER REGISTRATION FORM

CLUB NAME: Pegasus SC TEAM NAME: United - or - Premier TEAM AGE: Boys - or- Girls U_____

PLAYER'S FIRST NAME _____ LAST NAME: _____

PLAYER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY E-MAIL _____ SECONDARY E-MAIL _____

PLAYER'S HOME PHONE _____

PLAYER'S BIRTHDATE _____ JERSEY NUMBER _____

FATHER'S NAME _____

CELL PHONE _____ CELL PROVIDER _____

MOTHER'S NAME _____

CELL PHONE _____ CELL PROVIDER _____

I WOULD LIKE TO VOLUNTEER TO BE THE PARENT TEAM MANAGER _____

PROOF OF AGE:

PREVIOUS LEAGUE AFFILIATION (Circle one): NISL YSSL IWSL OTHER _____

AND PREVIOUS SEASON PASS ID #: _____

OR

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERTIFICATE OR PASSPORT (Circle one)

RELLIGIOUS SCHOOL CONFLICT: M _____ TU _____ WE _____ TH _____ FRI _____

By signing this document I have indicated that I (or my child) has not registered with any other IYSA registered team for the above indicated playing year and is committed to play for only this team. I am aware that league rules only permit transfers if desired to other clubs during or after the month of January with an applicable release obtained and submitted per league rules.

PLAYER'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

CLUB/COACH SIGNATURE _____ DATE _____

(This form is to be kept on file by the club for the entire playing year indicated)