

PRIDE Soccer Association Membership Form



Team Name: _____ Team #: _____

Gender: _____ Date of Birth: _____ Age Group: _____ Jersey #: _____
Male/Female Month/Day/Year

Player Name: _____ Player CSYSA #: _____

Address: _____ City: _____ Zip: _____ State: _____

Home Phone: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Occupation: _____ Email: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Occupation: _____ Email: _____

List any medical problem or prohibition player has: _____

Person to notify in emergency: _____ Phone: _____

Doctor to notify in emergency: _____ Phone: _____

Last CSYSA Team: _____ Date of last season: _____

School Attending: _____

Important

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, with out limitation, player's transportation to/from any Program, which transportation to/from any Program, which transportation is hereby authorized, I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____ Signature: _____ Date: _____
Parent/Guardian (Please Print)

PRIDE Soccer Disclosure Statement

Signature on this form binds the player to his/her club for the entire seasonal year. The player is responsible for a full year of fees with the year being fall and spring. The PRIDE fees for each team are inclusive of the following: fees paid by PRIDE to CSYSA, coaching fees, field usage fees, referee and administrative fees. These fees do not include fees incurred for participating in tournaments, travel, indoor/outdoor facilities or uniform expenses. PRIDE Soccer offers refunds only for out-of-state, job-related transfers and injuries documented by a physician. In such cases the refund amount will be at the discretion of PRIDE Soccer. No refunds will be allowed after the first game. Any other refund requests will be decided on a case by case basis. All requests for refunds must be submitted to PRIDE Soccer in writing. By writing in your email constitutes permission for us to contact you. We do not sell or give out email addresses.

I, _____, parent/guardian of _____ (player name) have read and understand the above described financial obligations and responsibilities of playing on a PRIDE Soccer team.

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 preserve the life, limb and well-being of my dependent.

Signature of Parent or Guardian: _____ Date: _____

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical 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_____/_____/_____
Month Day Year Date of last Tetanus Booster_____/_____/_____
Month Day Year

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/State/Zip_____

Phone H(____)_____ W(____)_____ FAX (____)_____

Person responsible for charges (if different from above)_____

Address_____

City/State/Zip_____

Phone H(____)_____ W(____)_____ FAX (____)_____

Person to notify if parent/guardian is unavailable_____

Phone H(____)_____ W(____)_____ FAX (____)_____

Insurance Carrier_____ Policy Number_____

Signature of Parent/Guardian_____



2660 Vickers Dr Colorado Springs, CO 80918
719.597.6700 Fax 719.597.4040

If Payment Plan is selected you enter into an agreement with Pride Soccer allowing an automatic draw from your credit/debit card or checking account on the due date posted _____ Initial here authorizing automatic draw (additional fees may apply if credit/debit card is declined)

Credit Card # _____ Exp # _____ Security Code # _____

Checking Routing # _____ Checking Account # _____

Name of Player _____ Phone _____
Address of Player _____ City _____, CO Zip _____
Billing Address on Credit/Debit Card if different: _____

Coach: _____ Age Group: U _____ Team # : _____ CYS #: _____

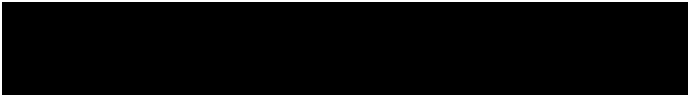
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Parent Signature: _____ Date: _____

Office Use: _____

U11-U14 Competitive Registration Fee

NEW PAYMENT OPTIONS

OPTION #1: FULL YEAR UP FRONT		
Classic/Challenge:	\$650	_____ Amt Enclosed
Premier:	\$1,150	_____ Amt Enclosed
OPTION #2: HALF DUE JUN 3 HALF DUE NOV 4		
Classic/Challenge:	\$325	_____ Amt Enclosed
Premier:	\$575	_____ Amt Enclosed
OPTION #3: PAYMENT PLAN		
Includes \$5/month Service Fee	Premier	Classic/Challenge
Due June 3	\$285	\$175
Due July 8	\$150	\$85
Due Aug 5	\$150	\$85
Due Sep 2	\$150	\$85
Due Oct 7	\$150	\$85
Due Nov 4	\$150	\$85
Due Feb 3	\$150	\$85
Total Amount Due	\$1,185	\$685



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