

Date Received _____ Amount Paid \$100.00 Check Number _____ Birth Certificate _____ Med. Release _____

PYSA REGISTRATION FORM – Petoskey Breakers Select Girls Program

PO BOX 751, PETOSKEY, MI 49770 PHONE 348-2947 FAX 348-1246

E-MAIL pysa@gtlakes.com

ANNUAL REGISTRATION FEE: \$100.00

Deadline: June 1st

Date _____ **Player Information** Season: Fall 2009 and Spring 2010
Last Name _____ First Name _____ Gender _____
Address _____ City _____ Zip _____
Phone (____) _____ Date of Birth _____ School _____ Grade _____
PYSA previous coach _____ E-mail _____

Code of Conduct

As a member of PYSA I will not engage in any behavior which will bring discredit to PYSA, my community, my teammates, coaches, parents or myself. I agree to honor the USYSA players code:

- To play the game for the game's sake * To be generous when I win
- To be graceful when I lose * To be fair always no matter the cost
- To obey the laws of the game * To work for the good of my team
- To accept the decisions of the officials with good grace
- To Believe in the honesty of my opponents
- To conduct myself with honor and dignity

I further agree to the following:

- I will respect the property of others both public and private
- I will always put sportsmanship and respect for other players, coaches and officials before winning
- I will not abuse my body by using alcoholic beverages, tobacco or other illegal substances

Should I not abide by any of the above, I realize that I may be suspended from PYSA until the situation has been reviewed and I will comply with the final decision of PYSA.

PLAYER SIGNATURE _____ **DATE** _____

Parent Information

Name(s) _____

Address _____ City _____ Zip _____

(if different than above)

Phone: Home (____) _____ Work (____) _____ e-mail _____

(if different than above)

Parent Consent Agreement

As Parent or legal guardian of _____ I understand that registration with PYSA does not guarantee placement on a PYSA travel team. If there is not space on a team for my child then I may request a refund of my registration fee. I also understand that placement on a PYSA team may involve a further cost commitment. I agree to work during each of the annual tournaments hosted by PYSA that my child participates in. I recognize that the coach is not obligated to give my child playing time should I not be able to fulfill this agreement. I understand that PYSA is a volunteer organization, and as such, will need my help to keep the organization and fields running smoothly.

PARENT SIGNATURE _____ **DATE** _____

Check the box if you are interested in serving on the PYSA Board.

ALL PLAYERS MUST HAVE MEDICAL RELEASE FORM AND A COPY OF THEIR BIRTH CERTIFICATE ALONG WITH THE REGISTRATION FORM