# PLEASURE ISLAND SOCCER ASSOCIATION

## Fall 2010 PISA *Academy* Registration

**Player Name**: **(First)** _____ **(Last)**_____

(CIRCLE ONE) **MALE or FEMALE** **Birth date**: ____/____/_____ **AGE on Aug. 1, 2010:_____ yrs old.**

**Shirt Size(circle):** **YM** **YL** **AS** **AM** **AL**

**Address**: _____ **(city)** _____**(zip)**_____

**Mom**: **(first)**: _____ **(Last)**_____ **(Cell)**_____

**Email address:**_____**@**_____**.com (please write legibly)**

**Dad**: **(first)**: _____ **(Last)**_____ **(Cell)**_____

**Email address:**_____**@**_____**.com (please write legibly)**

**Best Emergency Contact:** (if different from above) **Name**: _____**Phone**: _____

**Waiver of Liability:**
We/ I, as the parent/legal guardian of the player named above, do hereby declare our intent to allow this child to practice, play, and participate in all programs and activities associated with the Pleasure Island Soccer Association. We/ I hereby release and hold harmless from any and all liability; Pleasure Island Soccer Association, its coaches, sponsors, associated board members and personnel, officials, or any others associated with this organization against any claim by or on behalf of the player's participation in this program.

**Medical Consent Release:**
We/ I do hereby authorize Pleasure Island Soccer Association or any representatives including coaches, officials, or anyone associated with this organization, if after reasonable attempt has been made to reach the designated parent/guardian named above to consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care, to be rendered to the player under the general or special supervision and on the advise of any physician, dentist or surgeon duly licensed to practice, be indeed rendered to the Registrant

**X**_____ **X**_____

**Parent/ legal guardian (Print Name)** **(Sign Name)**

Subscribed and sworn to (or affirmed) before me on this the _____day of _____2010

_____County of __**New Hanover**____State of __**NC**____

Notary Public Signature

My Commission Expires: ____/_____/_____. ( SEAL )

Early Fee by Sept. 1 is $120 to "PISA Academy" PO Box 1868, Carolina Beach, NC 28428
If registering at the field on the day of Academy, $130 payable to "PISA Academy".