

**PLATTSMOUTH SOCCER CLUB**  
B (or) G REC REGISTRATION FORM  
PO BOX 43, Plattsouth, NE 68048  
AGES 10-14, BOYS & GIRLS  
[www.plattsmouthsoccer.org](http://www.plattsmouthsoccer.org)



**Plattsouth Soccer Club**  
**U11-U14 RECREATIONAL**  
**Registration F10**

<b>CLUB USE ONLY</b>
Check # _____
Amount: Reg _____
FR _____
LF _____
Date _____

**NOTICE:** Registrations received after July 1 (Fall Season) or February 1 (Spring Season) Will be placed on an availability/waiting list.

**New Photos Required for all in Fall Season and always for New players.**

**FUNDRAISING:** Each season there is a mandatory fundraising drive. Every family must participate. This season, it is a fee assessed per family NOT per player. **This money is due at registration.** See Form pg. 3.

Player must meet eligibility requirements for season of play - Age prior to August 1<sup>st</sup>.

**NO EXCEPTIONS** Must be age 10 - 14 to start play in RECREATIONAL leagues. U11 – U14.

CURRENT TEAM \_\_\_\_\_ / OR NEW PLAYER \_\_\_\_\_ ( **Must have copy of Birth Certificate before player will be assigned to any team**)  
(from previous season)

\$45.00 \_\_\_\_\_ REGISTRATION FEE, CHECKS PAYABLE TO PSC / a **\$12.00 Fee is non-refundable**

\$22.50 \_\_\_\_\_ REGISTRATION FEE, FAMILY PLAN-3<sup>rd</sup> child and up only

\$15.00 \_\_\_\_\_ **LATE FEE - If received after July 1 (Fall) or January 15 (Spring)**

\$ \_\_\_\_\_ TOTAL DUE **NO REFUNDS AFTER START OF SEASON.**

PLAYER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

AGE \_\_\_\_\_ GRADE (In Fall) \_\_\_\_\_ MOTHER'S (Or primary guardian's) BIRTH MONTH/DAY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HM PH# \_\_\_\_\_ CELL# \_\_\_\_\_ BUS # \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Parent or Guardian Disclaimer—I/We, the parents of \_\_\_\_\_ understand that Nebraska Legislation Bill 123 states that coaches, managers, umpires, referees, their assistants, or anyone who prepares any playing field shall not be liable for the injury or death of any participant in the Plattsouth Soccer Club which results from the negligence of any of the above listed individuals.**

**I/We also understand that the completion of this form does not mean that my child is registered or insured. My child is not registered or insured until the registrar notifies my child's coach and he/she notifies me that my child is eligible to practice and/or play.**

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**Parents: It is very IMPORTANT that you volunteer to help if the soccer program is going to continue. We are a 100% Volunteer Club. PLEASE CHECK ONE THAT INTERESTS YOU: (IF YOU DO NOT CHOOSE WE WILL ASSUME YOU HAVE NO PREFERENCE AND WILL ASSIGN AS NEEDED.)**

CLUB OFFICER \_\_\_\_\_ FIELD DEVELOPMENT \_\_\_\_\_ FIELD MAINT. \_\_\_\_\_ REFEREE \_\_\_\_\_ HEAD COACH \_\_\_\_\_  
ASST. COACH \_\_\_\_\_ TEAM PARENT \_\_\_\_\_ FUNDRAISING \_\_\_\_\_ NETS \_\_\_\_\_.



**EMERGENCY MEDICAL INFORMATION**  
**(Every Player)**

**CLUB USE ONLY: TEAM** \_\_\_\_\_

I/We, the undersigned, parents or guardians of the participant, a minor, do hereby authorize the coaches or parents of the team members acting in the capacity of activity supervisors/vehicle drivers, as agents for the undersigned to consent to medical, surgical, or dental examination, treatment, etc. In case of emergency, I/We hereby authorize emergency treatment and/or care at any hospital for:

Please Print Clearly

CHILD'S NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH# \_\_\_\_\_ CELL# \_\_\_\_\_ BUS# \_\_\_\_\_

If giving more than one Phone number in each category, please specify who each number belongs to. (i.g. Mom's cell-XXX-XXXX.)

If an emergency occurs and I/We cannot be reached, please contact \_\_\_\_\_

Relationship to player \_\_\_\_\_

PH# \_\_\_\_\_ CELL# \_\_\_\_\_ BUS# \_\_\_\_\_

If giving more than one Phone number in each category, please specify who each number belongs to. (i.g. Mom's cell-XXX-XXXX.)

Please state any medical problems your child may have \_\_\_\_\_

Date of last Tetanus shot/(current?) \_\_\_\_\_ Family Doctor \_\_\_\_\_ PH# \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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Note: A printed copy of PSC Addendum's is available for \$2.00. Parent/Guardian

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**P.S.C. FUNDRAISING FORM F10**  
**(ONLY 1 per family needs to be filled out)**

CLUB USE ONLY :  
**PARTICIPATING TEAM** \_\_\_\_\_

**FUNDRAISING:** Due to the lack of a Fundraising Officer. This season PSC will be assessing a mandatory fee. Every family (oldest player per family) must participate in the club sponsored fundraising.

**PLEASE LIST ALL YOUR CHILDREN IN SOCCER (OLDEST TO YOUNGEST)**

NAME: First and LAST	AGE GROUP (COMPETITIVE / REC / MICRO)	<i>REGISTRAR'S USE ONLY TEAM</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PAYMENT IS DUE AT REGISTRATION**

\$15.00 \_\_\_\_\_ MICRO      (*Check OLDEST CHILD*)      \$25.00 \_\_\_\_\_ RECREATIONAL / COMPETITIVE

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CLUB USE ONLY**

CK# \_\_\_\_\_ DATE \_\_\_\_\_ FUNDRAISING OFFICER \_\_\_\_\_

AMOUNT RECEIVED \$ \_\_\_\_\_

P.S.C. Fundraiser Option Out Receipt:      *CLUB USE ONLY*

NAME \_\_\_\_\_ Amount \$ \_\_\_\_\_

CK# \_\_\_\_\_ DATE \_\_\_\_\_ FD OFFICER \_\_\_\_\_

PLATTSMOUTH SOCCER CLUB  
Micro / Rec. / Comp. REQUEST FORM  
PO BOX 43, PLATTSMOUTH, NE 68048  
www.plattsmouthsoccer.org



## TRANSFER REQUEST FORM

(PLEASE ATTACH THIS FORM TO YOUR REGISTRATION FORM ONLY IF YOU HAVE A REQUEST.)

Parents please understand that under our addendum's **Article V Sec. 7** you cannot request a specific team or coach for transfers. Nor can you request to move your child up to a specific team or coach in an older age group. However, this form will allow you the right to simply request the process of transfer or moving up to an older age group.

You need to be aware of some objectives we, the officers, have to follow under our addendum's

**Article I Sec. 2B.** Winning is of secondary importance, and because each player is considered to be of equal value, they must be placed on teams in accordance with the addendum's. The Executive Board may grant a request depending on the abundance or shortage of registrations and coaches by final vote.

We realize that there are problem areas, which are listed below. If one of these fits your situation, please indicate by checking in the appropriate place. **This is totally confidential.** Remember there are no guarantees but we do want what is best for the players.

**If requesting a player move up to a different age, then need to have signature of prior coach, signifying the child is ready for such a move. If two players are requesting car-pooling needs, both need to have a completed Request Forms.**

Transfer to a different (same age) team \_\_\_\_\_ or Move up to a different (different age) team \_\_\_\_\_

Check appropriate reason:

- \_\_\_\_\_ problems with coaches, players, other parents' \_\_\_\_\_ work hours conflict with practice times
- \_\_\_\_\_ medical reason \_\_\_\_\_ car-pooling needs with \_\_\_\_\_  
(must have a FORM from both players to be valid.)
- \_\_\_\_\_ other (please explain) \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_

Curr. Team \_\_\_\_\_ Curr. Coach \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

(required only if requesting a move up to different age team)