



Plateau Soccer Club – Fall 2024 at Carl T Duer Sr Soccer Complex

Ages 4 to 16
2008 – 2020

Official Use Only:
Amount Paid \$ _____
Cash _____
Check # _____
Date: _____

(Please print all required information)

**NOTE: Failure to complete this form truthfully will result in this registration being denied and forfeiting your registration fee.
NO REFUNDS WILL BE GIVEN AFTER REGISTRATION.**

Player last name: _____ Player first name: _____

Full birth date: _____ Age Today: _____ Gender: M F

T-shirt Size: YXS YS YM YL YXL AS AM AL AXL

If child has Uniform from prior season that fits, what is number on jersey _____

Address: _____

City: _____ State: _____ Zip code: _____ Allergies: _____

Father's name: _____ Work #: _____ Cell #: _____

Mother's name: _____ Work #: _____ Cell #: _____

Email Address: _____

Emergency contact name: _____ **Phone #:** _____

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Future Stars (\$50)
U5 (includes T-Shirt) | <input type="checkbox"/> Academy (\$100)
U6/U8/U10/U13 Co-ed | <input type="checkbox"/> Premier (\$325)
U11G/U14B/U16B | <input type="checkbox"/> T-Shirt (\$25)
Academy U6 | <input type="checkbox"/> Uniform (\$85)
All Others |
|---|---|--|---|---|

I/We certify that the above information is correct and complete and will provide proof of age if asked to do so by Plateau Soccer Club (PSC). I/We know of no medical or other reason why the player should not participate in PSC activities. As parent(s)/legal guardian(s) of this player, I/We give my/our consent for emergency medical and/or dental care in the event of any injury or illness while involved in the PSC program and accept responsibility for prompt payment of such care and services. Recognizing the possibility of injury, damage and death, I/We assume the risks of participation in PSC activities. I/We release, discharge, hold harmless and indemnify PSC (and its officers and agents, affiliated organizations and sponsors, camps, tournaments, and owners of fields, facilities, equipment and vehicles utilized) from any cost and liability for any injury, damage, loss, expense (including attorney fees), lawful or otherwise from negligence or any cause, excepting only willful or want on misconduct directed at this player. I/We also give permission for the free use of our and player's name and/or likeness in any advertisement, broadcast, telecast, or other transmission or account or promotion of PSC programs.

NOTE: BOTH parents/guardians must sign.

Signature: X _____ Print Name: _____ Date: X _____

Signature: X _____ Print Name: _____ Date: X _____

Complete and return this form, with registration fee, no later than July 7, 2024. Return via email to plateausc23@gmail.com (fee can be paid on plateausc.com) or deliver to the Parks & Recreation office at 837 Industrial Blvd in Crossville.

Late registration fee of \$10 will be charged for all registrations received between July 8-14, 2024.

For any questions please call (619) 838-1999.