

**PLYMOUTH SOUTH YOUTH FOOTBALL**

P.O. BOX 751  
PLYMOUTH, MA 02362  
www.psyf.org

**REGISTRATION FORM  
PLEASE PRINT**

Player/Cheerleader \_\_\_\_\_  
Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Mailing address \_\_\_\_\_ Cell phone \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail \_\_\_\_\_  
Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Age on August 31, 2009 \_\_\_\_\_  
School Attending in Sept 2009 \_\_\_\_\_ Grade in Sept 2009 \_\_\_\_\_  
2008 participant? YES \_\_\_\_\_ NO \_\_\_\_\_  
Level in 2008 MG \_\_\_\_\_ PW \_\_\_\_\_ MT \_\_\_\_\_

**MEDICAL RELEASE AND TREATMENT FORM**

All athletes and parents must realize the risk of injury which may be a result of athletic participation. The Plymouth South Youth Football/Cheerleading program will make every effort to minimize the risk of injury. PSYF does not hold itself financially responsible for injuries received by participants in its program. In the event of any injury occurring to my son/daughter named above at any Plymouth South Youth Football sponsored practice, game, or event, at which I am not present, I hereby grant permission to the organization through its directors, coordinators and coaches, to act on my behalf to permit emergency medical treatment to my child as needed, until I can be contacted.

MEDICAL COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

**KNOWN ALLERGIES/MEDICAL CONDITIONS (i.e. asthma, diabetes)**

Alternate parent/guardian/friend to be notified if unable to contact parent at the above phone # in emergency:  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

If you do not grant permission for consent to emergency medical treatment, what procedure should be followed?

I give my permission for insect repellent containing DEET to be applied to my child. YES \_\_\_ NO \_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY**

**REFUND POLICY:** Registration refunds of 100% will be granted up to the start of the current year's program. A refund of 50% will be granted through the sixth scheduled practice from the start of the current year's program, this includes 3 conditioning and 3 contact practices for the football program and six regularly scheduled cheerleading practices.

**RETURN CHECK POLICY:** There will be a \$25.00 charge for any check returned by the bank. Checks returned a second time will be subject to another \$25.00 charge and only cash, money order or certified bank check will be accepted. The player(s) will not be allowed to participate until the account is paid in full.

**EQUIPMENT RELEASE:** As a participant in the PSYF program I understand that it is my/our responsibility to maintain and return to PSYF all equipment/uniforms at the end of the season or upon request. I/we also understand that failure to return any/all of the equipment /uniforms will result in my/our having to replace any of that equipment/uniform at retail cost. At equipment handout, we will be collecting a deposit (in check form), of \$200.00. Your check will be held, uncashed, until equipment return day. If you do not return your equipment and have not contacted your head coach to make other arrangements, your check will be cashed at that time.

As a parent/guardian of the applicant, I hereby authorize his/her membership as an active participant and player/cheerleader in any position deemed advisable by the organization as governed by the rules and regulations established by Plymouth South Youth Football under the guidelines of the Old Colony Youth Football and Cheerleading League.

**THE ABOVE CONDITIONS HAVE BEEN READ, UNDERSTOOD AND ACCEPTED BY:**

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Parent/Guardian Signature

Print Parent Name

Date

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Signature of Association Official

Date