

PRINCE GEORGE YOUTH SOCCER ASSOCIATION
SELECT PROGRAM PLAYER INFORMATION FORM – For Travel



965 Winnipeg Street • Prince George, BC • V2L 5M9 • PH 250.564.5900 • FAX 250.564.0239 • www.pgysa.bc.ca

_____	_____	
Team	Head Coach	
_____	_____	_____
Player Name	Player Age	Player Date of Birth
_____	_____	
Player Cell Phone #	Player Email	

_____		_____
Parent or Guardian Name		Street Address
_____	_____	_____
Cell Phone #	Home Phone #	Email
_____		_____
Parent or Guardian Name (If different from above)		Street Address
_____	_____	_____
Cell Phone #	Home Phone #	Email

_____	_____	
Emergency Contact	Emergency Contact's Phone #	
_____	_____	_____
MSP Number	Doctor's Name	Doctor's Phone #
_____	_____	
Drug Allergies	Allergies	
_____	_____	
Medications	Special Needs	
_____	_____	
Do you wear contact lenses when you are playing soccer?	YES or NO	

CONSENT

I _____, as parent/legal guardian of this player hereby consent and allow _____ to travel with the team to all PGYSA sanctioned tournaments.

I agree that if my child disobeys PGYSA's travel regulations, he/she may be sent home at my expense. I will not hold PGYSA liable for any incidents caused by or affecting my child unless such incident was oddment, was occasioned and sanctioned by PGYSA.

 Parent/legal Guardian SIGNATURE

 Date

I have read and agree to the PGYSA Travel Regulations, I understand that any misbehavior may result in me being sent home, and further disciplinary measures may be taken.

 Player SIGNATURE

 Date