

Prince Edward Farmville Youth Association (PEFYA)

Notes to Director:

**Application for PEFYA SOCCER**

Questions? Contact League Registrar 434-392-5844 or info@pefya.com

Mail this **form, payment, and copy of Birth Certificate** to:  
PEFYA P.O. Box 91 Farmville, VA 23901

*\*\*See revised eligibility guidelines below.*

New to PEFYA Soccer?  Yes or  No  
 Experienced Player?  Yes or  No  
 New Address for Player?  Yes or  No

**Please Print:**

Player's Full Name as it appears on Birth Certificate: \_\_\_\_\_

Nickname: \_\_\_\_\_ Male  Female

Current Age: \_\_\_\_\_ Yrs \_\_\_\_\_ Mos. Birth Date (MM/DD/YY): \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**T-Shirt Selection:**

- Youth Medium                       Adult Small                       Adult Large  
 Youth Large                         Adult Medium                       Adult Extra Large

**Check age group that applies: (Based on current age at the time season starts.)**

<input type="checkbox"/> U6 Fireballs (4 & 5 yrs.) *See eligibility below.	<input type="checkbox"/> U8 Goal Busters (6 & 7 yrs.)	<input type="checkbox"/> U10 Kickers (8-10 yrs.)	<input type="checkbox"/> U15 Strikers (11-14/15 yrs.) *Includes 15 in spring.	<input type="checkbox"/> U18 Challengers (15-18 yrs.) *Fall only.
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**Eligibility for Soccer: (Birth Certificate must be submitted for new players.)**

- For FALL Soccer—player must have already turned 4 by July 1.
- For SPRING Soccer—player must have already turned 4 by January 1.

**FEES:**

**\$55 per each child** (includes team jersey)

**\$10 late fee per child** for forms received after the due date; check [www.pefya.com](http://www.pefya.com) or the local paper for due dates

**\*\*Late registration allowed ONLY if space permits. To guarantee a space for your child, please meet deadlines.**

**Parent/Guardian Participation: (PEFYA is an all volunteer organization, please help us keep it running)**

**I/We are willing to participate and assist with the following PEFYA activities:**

- Coach             Act as Team Parent             Fundraise

**Consent/Waiver Agreement:**

I/We consent to my child participating in the PEFYA and if I am not present hereby give my permission for the coach or representative of the Association to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We understand that PEFYA conducts fund raising activities in addition to the registration fee and that each player is strongly encouraged and expected to participate. I/We understand that each parent may be asked (by their team parent) to work the concession stand during the season.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_

