



Please mail this form and payment to:
PO Box 91, Farmville, VA 23901

Has your child played Soccer before? Yes No

If Yes, ___ defense ___ offense ___ both ___ goalie

Athletic Ability of my child is: 1 2 3 4 5 (circle one **Only**)
(Athletic Ability helps pick balanced teams, 5 is the highest ability)

PO Box 91
215 Industrial Park Rd
Farmville, VA 23901

Name: (as it appears on Birth Certificate) _____
Nickname: _____ Male _____ Female _____
Birthday: _____ Current Age: _____ Home Phone: _____
Parent/Guardian: _____
Address: _____
City/State/Zip: _____ Is this a new address? ___ Yes ___ No
Email address: (for league info only) _____
Physician: _____ Phone: _____

Check age Group: (as of March 1st for Spring and Sept. 1st for Fall)

___ U6= Players Age 4 and 5 ___ U12=Players Age 9,10, and 11 ___ U4=3 Year Olds ONLY
___ U9=Players Age 6,7, and 8 ___ U15=Players Age 12,13, and 14
Program subject to registration levels and Volunteers.

Shirt Size: Youth: ___ Med ___ Lg **Adult:** ___ Small ___ Med ___ Lg ___ X-Lg

Youth: ___ Small (Recommended for all U4 & U6 Children)

Fees: \$55 per each child. **Late Fee:** \$10 per child. Check PEFYA.com for due dates. **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 ___ Assistant Coach ___ Concessions ___ Fundraising ___ Referee ___ Other
Practice Conflicts: ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri
Names of Siblings Playing: _____
Consent/Waiver Agreement: I/ We consent to my child participating in the PEFYA Program 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.
Parent/Guardian Signature: _____