



# Player Development Skills Academy (PDSA)

Application - Please PRINT Clearly



## PLAYER INFORMATION

Name: \_\_\_\_\_  
Last First

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

Players Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Group: (please circle one) U9 U10 U11 U12 U13 U14 U15 U16

Number of years playing experience: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father: \_\_\_\_\_  
Last First

Home Phone: \_\_\_\_\_ Cell Pager: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother: \_\_\_\_\_  
Last First

Home Phone: \_\_\_\_\_ Cell Pager: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Player T Shirt Size:** (please circle one) youth: S M L adult: S M L XL

**PAYMENT** I have signed up for the Player Development Skills Academy ► **\$225 per player**

**Checks payable to: BUSC: PDSA**

**Mail check and registration form to: BUSC/PDSA • PO Box 523, Pleasanton, CA 94566**

## PARENT/GUARDIAN MEDICAL AUTHORIZATION

In the event of an injury or sickness in the course of Ballistic United Soccer Club games or activities, I authorize officials of Ballistic United Soccer club to administer first aid and if necessary transport my son to a duly licensed physician or hospital to adminster emergency treatment. If possible, I would prefer the following physician to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical Record number: \_\_\_\_\_

Know Players Medical Conditions: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## PARENT/GUARDIAN APPROVAL RELEASE

I, the parent/guardian of the above named child, approve of his participation in any and all activities of the Ballistic United Soccer Club ("BUSC") during the current season. In consideration of the above named child's participation in BUSC activities, I voluntarily release and agree to indemnify and hold harmless BUSC, California Youth Soccer Association (CYSA), U.S. Youth Soccer (USYS) and each of their respective directors, officers, employees, agents or representatives as well as the Pleasanton Recreational Department and the owners and operators of the facilities used during the season from any claims, damages, liability od causes of action for injuries or death, or property damage, arising out of or in any way connected with the above named child's participation in soccer practice, soccer games, and/or BUSC related events including, but, not limited to, transportation to and from these activities. I further grant BUSC, CYSA and USYS the right to use the child's name, picture or likeness in any print or electronic media.

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