



Plano Sports Authority



Individual Player Registration Form

6500 Preston Meadow Drive Plano, TX 75024

Phone 972-208-5437 Fax 972-208-3801

Website: www.psaplano.org Email: info@psaplano.org



Season/Year	Sport	League	Grade Level
		<input type="checkbox"/> Boys <input type="checkbox"/> Girls	

PLAYER INFORMATION *Please Print Clearly and Complete All Information*

Last Name		First Name	
Address		City	Zip Code
Home Phone	Date of Birth	Age	Grade
School Name			

ADDITIONAL CONTACT INFORMATION *Please Print Clearly and Complete all Information*

Mother / Contact 1 Information Would you like to volunteer? Head Coach Asst. Coach Team Mom

Last Name	First Name	Work Number	Cell Number
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Father / Contact 2 Information Would you like to volunteer? Head Coach Asst. Coach Team Dad

Last Name	First Name	Work Number	Cell Number
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EMAIL ADDRESS - *Please Print Clearly and Complete all Information Including .net .com .org .edu etc*

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TEAM PLACEMENT PREFERENCE

Player's Experience Level	<input type="checkbox"/> Beginner
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<input type="checkbox"/> Player is on a returning or new team roster:	Team Name/Coach's Name
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<input type="checkbox"/> Requesting to Play with Friend (cannot guarantee placement)	Friend's Name
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<input type="checkbox"/> Requesting a Team (if space is available)	Team Name
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<input type="checkbox"/> Requesting a Coach (if coaching and space is available)	Coach's Name
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PAYMENT INFORMATION

<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	Driver's License #/State
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Credit Card: Visa Mastercard Discover Amex

Credit Card Number	Exp Date
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Name of Card Holder	CVV#
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I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

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(Parent or Guardian Signature) (Please Print Name) Date

- RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE
- REFUND POLICY: \$30.00 SERVICE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION CLOSING. AFTER REGISTRATION CLOSES, NO REFUNDS FOR ANY REASON. REQUEST FOR REFUNDS MUST BE MADE IN PERSON AT PSA M-F 9:30AM-5:30PM