



Futsal Registration Form

Please complete and mail with a check made payable to "PTCYSA" to the following address:

PTCYSA
PO Box 2403
Peachtree City, GA 30269

Limit to 20 Players per age group!!! (Age groups U7 - U9, U10 - U12, U13 - U14, U15 and up)

Dates provided at www.ptcysa.org/LDP

PTCYSA Members: \$50

Child #1: _____ Age: _____ Gender: _____ T-Shirt: _____

Child #2: _____ Age: _____ Gender: _____ T-Shirt: _____

Child #3: _____ Age: _____ Gender: _____ T-Shirt: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

E-Mail: _____

Liability Waiver: I certify that my child(ren) is medically qualified and able to attend soccer camp. I hereby authorize PTCYSA staff to act for me according to their best judgement in securing treatment for my child in any emergency requiring medical care and guarantee that my medical insurance or I will be responsible for any financial charges. I waive and release PTCYSA and staff from all liability for any injuries and/or illness incurred while at camp.

Parent or Legal Guardian Signature: _____

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