



PALMDALE YOUTH SOCCER LEAGUE

PLAYER RETENTION FORM

YEAR SEASON: _____ DIVISION: _____

COACH NAME: _____

PHONE NO.: _____

TEAM NAME: _____

PLAYERS'S INFORMATION

FIRST NAME: _____ LAST NAME: _____

DOB: _____

PARENT FIRST NAME: _____

PARENT LAST NAME: _____

PARENT PHONE NO.: _____

PARENT SIGNATURE: _____

DATE: _____

PYSL LEAGUE USE ONLY

Registration Date:		Division:	
Date Retention form received:		Time:	