



PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED.

Played in AYSO Region 174 <input type="checkbox"/> Yes <input type="checkbox"/> No		Region Number	Division	Cell Phone #		Location Code		
First Name		Middle Name		Last Name		Nick Name		Suffix
Area Code	Telephone	Street Address			City	State	Zip	
Emergency Contact		Area Code	Emergency Telephone	Physician Name		Area Code	Physician Telephone	
Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate	Age	School Name		e-mail address			
Medical Insurance Carrier		Name(s) of siblings on the same team?			Soccer Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Height	Weight	

Father/Guardian

First Name	Middle Name	Last Name	Suffix	Nick Name	Area Code	Home Telephone
Business/Employer	Area Code	Business Telephone	e-mail address		AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Ref <input type="checkbox"/> Other	

Mother/Guardian

First Name	Middle Name	Last Name	Suffix	Nick Name	Area Code	Home Telephone
Business/Employer	Area Code	Business Telephone	e-mail address		AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Ref <input type="checkbox"/> Other	

Players of the same gender living in the same household may be placed on the same team if their birthdates coincide with those of the same age-division. Please list the name of any such player you wish to be assigned to the same team as the player you are now registering:

Does this player have any current injuries or minor physical limitations, (i.e., bone or soft tissue injuries, allergies, blood disorders, breathing difficulties, hearing or sight problems, etc.) or other medical conditions a coach should know about? If so, briefly explain below:

VIP: Some AYSO regions offer a special soccer experience for players with permanent mental and/or physical disabilities (autism, Down syndrome, partial or total paralysis, etc.) Assistive devices are allowed and there is no upper age limit for these players. If you are interested in a VIP Program for this player please indicate by checking the box. Yes

Release and Authorization

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other officials of the American Youth Soccer Organization ("AYSO") to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED ON THE REVERSE SIDE OF THIS FORM, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

(continued on reverse)

Parent/Guardian _____

Date _____

Please mail to me AYSO's official magazine:	
Soccer Now	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please send me other mailings <input type="checkbox"/> YES <input type="checkbox"/> NO	

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and or in the program itself, I will remove player from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of Player in AYSO programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any AYSO-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at <http://soccer.org/Resources/Forms/Insurance+Forms.htm>, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at <http://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to compensation.

(PLEASE SIGN AND DATE ON THE REVERSE SIDE)