Player Registration Form

American Youth Soccer Organization
www.ayso.org

AYSO ID#:

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED. PRESS HARD. YOU ARE MAKING FOUR COPIES

Last Name | First Name | Div.

Region Number	Division	Check If a VIP Player ☐	Loc. Code

Player

First Name	Middle Name	Last Name	Suffix	Area Code	Telephone

Nickname	Street Address	City	State	Zip Code

Mailing Address (if different from Street address)	City	State	Zip Code

Emergency Contact (other than parent)	Area Code	Emergency Telephone	Physician Name	Area Code	Physician Telephone

Gender ☐ Boy ☐ Girl	Birthdate	Age	School Name	Family e-mail address

Medical Insurance Carrier, Policy #	Siblings to play with:	Current injuries or minor physical limitations or other medical condition the coach should know about:

Yrs of Experience	Height	Weight

Region Specific Message:

Parent/Guardian #1 ☐ Father ☐ Mother ☐ Guardian

First Name	Middle Name	Last Name

Address (if different from Player)	City	State	Zip Code	e-mail address

Employer	Area Code	Business/Cellular Telephone	Area Code	Home Telephone	AYSO is an all volunteer organization. I apply to: ☐ Coach ☐ Asst. Coach ☐ Referee ☐ Team Parent ☐ Other: _____

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

Parent/Guardian #2 ☐ Father ☐ Mother ☐ Guardian

First Name	Middle Name	Last Name

Address (if different from Player)	City	State	Zip Code	e-mail address

Employer	Area Code	Business/Cellular Telephone	Area Code	Home Telephone	AYSO is an all volunteer organization. I apply to: ☐ Coach ☐ Asst. Coach ☐ Referee ☐ Team Parent ☐ Other: _____

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of 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. **(continued on reverse side)**

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, 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.

Parent/Guardian Signature: _____ Date: _____

The AYSO Endowment Fund: The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to endowment@ayso.org.

"PLAYSOCCER", AYSO's quarterly magazine is sent to every household. By e-mail and regular mail, AYSO sends other publications, information and special offers we think will be of interest to our members. If, for some reason, you do not wish to receive these other communications, please check this box. ☐

DOB Verification	Check Number	Fee Charged	Amount Paid

Disclaimer, Assumption of Risk and Waiver and Consent Agreements

I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this application, a minor ("Player") and that I am authorized on behalf of myself, Player and our heirs, assigns and next of kin, to hereby enter into the following agreements IN CONSIDERATION OF Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

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 ASSUME ALL SUCH RISKS. 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 in the EVENTS, I will remove him/her 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.

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 ("RELEASEES") 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 of the **EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**. 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 we live 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://www.ayso.org/resources/insurance/insurance_forms.aspx, 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.

I further acknowledge that I have received the AYSO/CDC Parent/Athlete Concussion Information Sheet (also available online at http://www.ayso.org/resources/safety.aspx) which contains information related to a) signs and symptoms of a concussion; b) danger signs associated with a concussion; c) why athletes should report symptoms related to a concussion; and d) what should be done if a concussion is suspected. I agree to review the Parent/Athlete Concussion Information Sheet with my child (Player) and return a signed copy as indicated on the form to my child's coach on my child's first day of practice.

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://www.ayso.org/resources/legal/privacy_policy.aspx, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

On behalf of my child (Player), myself and all members of my child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at http://www.ayso.org/resources/governing_documents.aspx, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and I understand that the Player or any member of the Player's family may be removed from the program at any time with or without cause. I further agree that the Player has not been convicted of any crime as a minor nor does the Player have any known condition that might pose undue risk to other participants.

(Please signify your agreement with the foregoing by signing in the space indicated on the reverse side of this form.)