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

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:

Last Name | First Name | Div.

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

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