



AYSO ID#

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

| | | | | | | | | |
|--|-----------|---------------------------------------|---------------------|-----------|---|-----------|----------------|---------------------|
| AYSO Player I.D. | | Region Number | | Division | | | 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

This application form is for use by AYSO players who are 18 years of age as of the date on which it is signed.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned player, for myself and on behalf of my heirs, assigns and next of kin, 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. For myself, my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risk.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if I feel any concern in my readiness for participation and or in the program itself, I will remove myself 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 HAVE READ THE ABOVE ASSUMPTION OF RISK AND WAIVER AGREEMENT AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE, I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

(continued on reverse)

18 Year Old Player's Signature

Date

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

In consideration of accepting my registration and permitting my voluntary participation in AYSO programs, for myself and on behalf of my heirs assigns and next of kin, I hereby release, discharge and agree to hold harmless 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/Administration & Management/Insurance> and either I have read and understand the terms or I will do so before I participate. For both internal and external use, I acknowledge that AYSO may compile and use my address and soccer photograph consistent with the AYSO Privacy Policy set forth at <http://soccer.org/Administration & Management/Legal/Privacy Policy>. I consent to such uses and hereby waive all rights to compensation.

(PLEASE SIGN AND DATE ON THE REVERSE SIDE)