



# PLAYER REGISTRATION FORM



TEAM NAME \_\_\_\_\_ AGE GROUP \_\_\_\_\_ TEAM NUMBER \_\_\_\_\_  
 NUMBER SEASON PLAYED \_\_\_\_\_ LAST SEASON PLAYED \_\_\_\_\_ I.D.# \_\_\_\_\_

Use Birth Certificate Name Only \_\_\_\_\_  
 Last First Initial Nickname  Female  
 Male  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ County of Birth \_\_\_\_\_  
 Month Day Year  New  
 Country of Citizenship \_\_\_\_\_ Verified by \_\_\_\_\_  
 Club Official  Returning  
 Mailing Address \_\_\_\_\_  
 Street City Zip  
**UNIFORM SIZE**  

YOUTH				ADULT				Home Phone ( _____ ) _____	
Shirts:	XS	S	M	L	S	M	L		XL
Shorts:	XS	S	M	L	S	M	L		XL
Socks	S	M	L					List player's medical concerns _____	

Father's Name \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Father's Email \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Mother's Email \_\_\_\_\_  
 Siblings also participating in AYSC  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Person to notify in Emergency \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<p align="center"><b>PARENTAL SUPPORT</b></p> <p>We ask for active participation of all parents in our program.  <b>Check area(s) in which you would be willing to help.</b></p> <p>____ Coach      ____ Asstiant Coach      ____ Team Parent        ____ Special Projects      ____ Sponsor      ____ Fund Raising        ____ Field Preparation      ____ Committee      ____ Board Member        Other _____</p>	<p align="center"><b>OFFICIAL USE ONLY</b></p> <p>Registration Fee--\$ _____        Buyout-----\$ _____        TOTAL-----\$ _____        ____ Cash----- \$ _____        ____ Check-----\$ _____        ____ Credit Card-\$ _____</p> <p align="right"><b>Received By</b>        _____        Date _____  <b>Raffle Tickets</b>        _____</p>
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Return form to: Melyssa Bratton--713-261-4904

Checks Payable to AYSC

www.alvinsoccer.com

