



AYSC SUMMER CAMP Registration Form

Camp	Player's Legal Name
Player's DOB	Shirt Size
Street Address	City, Zip
Parent Email	PCP/ Hospital Preference
Medications	ANY MEDICAL CONCERNS

Parent/Emergency Contact Information

Parent's Name	Cell Phone	Alt. Number
Add. Relation Contact	Cell Phone	Alt. Number

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, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify 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 participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

AYSC SUMMER CAMP REFUND POLICY

Refunds will only be issued if refund is requested in writing before May 15th and only a 50% refund will be issued. Any refunds requested after May 15th will not be issued.

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.

Parent/ Legal Guardian- Print Name	Parent/ Legal Guardian- Signature
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REGISTRATION FEE: _____

Payment Type: Cash _____ Check _____ Credit Card \$5.00 Fee _____