

PLAYER REGISTRATION FORM



TEAM NAME				AGE GROUP			TEAM NUMBER		
Use Birth Certificate Name Only								Female	
	Las	t		First		Initial	Nickname	Male	
Date of Birth		_/	/		Country of Citizenship				
	Month	Day	Year		Verified by			New	
Mailing Address						Club Of		Returning	
	Street				City	Zip)		
UINFORM SIZE									
Y	OUTH		ADULT		Home Phone (_)		 -	
Shirts: XS	-		S M L	XL					
Shorts: XS			S M L	XL	List player's med	ical concerns		-	
Socks	S	M	L						
Father's Name Cell Phone ()									
Father's Email									
Mother's Name Cell Phone ()									
Mother's Email									
	Siblings also participating in AYSC NameAge					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, 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. 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 give under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.									
Print Name					Signature			Date	
PARENTAL SUPPORT OFFICIAL USE ONLY									
We ask for active participation of all parents in our program. Check area(s) in which you would be willing to					Registrat	ion Fee\$		Received By	
program. Ch	eck area(s)	in which help.	you would b	e willing to	Buvout	\$			
CoachAsstiant CoachTeam Parent						ـــــ \$			
SponsorFund Raising Board Member						sh\$		Raffle Tickets	
						eck\$			
						5.00 Fee-\$			

Return form to: Melyssa Bratton--713-261-4904

Checks Payable to AYSC

www.alvinsoccer.com