



Anchorage Youth Soccer

1225 E. International Airport Rd, Suite 105
Anchorage, AK 99518 561-4625 (goal)
ayscyinfo@gmail.com (Email)
www.anchorageyouthsoccer.org (Website)

REGISTRATION FORM

PLAYER INFORMATION

Name _____
Last First Middle Initial
Mailing Address _____
City _____ State _____ Zip _____
Hm Phone _____ Cell Phone _____ Gender: Male _____ Female _____
DATE OF BIRTH _____ AGE (on 8/1) _____ Email Address _____
Comp Player _____ Rec Player _____ Player New to AYSC: Yes _____ No _____ Former Club _____

PARENT/GUARDIAN INFORMATION

(Indicate "SAME" if matches player's)

FATHER (Guardian): _____ Email _____
Address _____ City _____ State _____ Zip _____
Hm Phone _____ Wk Phone _____ Cell Phone _____
MOTHER (Guardian): _____ Email _____
Address _____ City _____ State _____ Zip _____
Hm Phone _____ Wk Phone _____ Cell Phone _____

EMERGENCY NOTIFICATION INFORMATION

Person OTHER THAN parent/guardian outside of household: _____
Hm Phone: _____ Wk Phone: _____ Cell Phone: _____
Doctor _____ Phone _____ Hospital _____
List any medical conditions or allergies _____

MUST BE SIGNED BEFORE THE PLAYER CAN PARTICIPATE IN ANY AYSC PROGRAMS

RELEASE OF LIABILITY

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of AYSC and the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for AYSC and the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the AYSC and 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 the 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 OF A 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 of Parent/Guardian _____
Signature of Parent/Guardian _____ Date _____

Official Use Only: Age Group _____ \$Paid _____ CK# _____ Cash _____ Date _____