

Player ID 00-000000	Region Number 0056	Div	Loc. Code	R56 - South Huntington Beach				
Last Name		First Name		MI	Suffix	Nick Name		
Telephone (714)000-0000	Street address			City HUNTINGTON BEACH		State CA	Zip 92646-	
Emergency Contact		Emergency Telephone () -		Physician Name		Physician Telephone () -		
<input checked="" type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate	Age	School Name		e-mail address		Social Security Number - -	
Medical Insurance Carrier	<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> AYSO Mailings	<input type="checkbox"/> VIP <input type="checkbox"/> Other Mailings	Name/s of siblings on the same team ?			Experience	Height	Weight

Father/Guardian

Last Name		First Name		MI	Suffix	Nick Name	Home Telephone () -
Business/Employer		Business Telephone () -		e-mail address		AYSO is an all volunteer organization. I agree to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Ref <input type="checkbox"/> Other	

Mother/Guardian

Last Name		First Name		MI	Suffix	Nick Name	Home Telephone () -
Business/Employer		Business Telephone () -		e-mail address		AYSO is an all volunteer organization. I agree to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Ref <input type="checkbox"/> Other	

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition ? [] Yes [] No If yes, please state problems here:

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other AYSO officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our 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, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that the American Youth Soccer Organization ("AYSO") is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her 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.

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless AYSO, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any AYSO sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

ACKNOWLEDGEMENT AND CONSENT: I acknowledge receipt of the Soccer Accident Insurance pamphlet and I understand the terms of the Plan. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER, INDEMNIFICATION, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER 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 FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER.

For AYSO use only

DOB Verified	Check Number	Fee	Paid

Parent Signature: _____ Date: _____