18 Year Old Player Registration Form

American Youth Soccer Organization
www.ayso.org

AYSO ID#:

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED. PRESS HARD. YOU ARE MAKING FOUR COPIES

Region Number	Division	Check If a VIP Player ☐	Loc. Code

Player - 18 Years of Age at Time of Signing

First Name	Middle Name	Last Name	Suffix	Area Code	Telephone

Nickname	Street Address	City	State	Zip Code

Mailing Address (if different from Street address)	City	State	Zip Code

Emergency Contact (other than parent)	Area Code	Emergency Telephone	Physician Name	Area Code	Physician Telephone

Gender ☐ Boy ☐ Girl	Birthdate	Age	School Name	Family e-mail address

Medical Insurance Carrier, Policy #	Siblings to play with:	Current injuries or minor physical limitations or other medical condition the coach should know about:
Yrs of Experience / Height / Weight		

Region Specific Message:

Last Name

First Name

Div.

Parent/Guardian #1 ☐ Father ☐ Mother ☐ Guardian

First Name	Middle Name	Last Name

Address (if different from Player)	City	State	Zip Code	e-mail address

Employer	Area Code	Business/Cellular Telephone	Area Code	Home Telephone	AYSO is an all volunteer organization. I apply to: ☐ Coach ☐ Asst. Coach ☐ Referee ☐ Team Parent ☐ Other: _____

Parent/Guardian #2 ☐ Father ☐ Mother ☐ Guardian

First Name	Middle Name	Last Name

Address (if different from Player)	City	State	Zip Code	e-mail address

Employer	Area Code	Business/Cellular Telephone	Area Code	Home Telephone	AYSO is an all volunteer organization. I apply to: ☐ Coach ☐ Asst. Coach ☐ Referee ☐ Team Parent ☐ Other: _____

Disclaimer, Assumption of Risk and Waiver and Consent Agreements (SEE REVERSE SIDE)

DISCLOSURE: All Adult participants must answer the question. Failure to answer honestly will disqualify the applicant from participation in the American Youth Soccer Organization (AYSO).

Have you ever been convicted of a crime (felony or misdemeanor) ? [ ] Yes [ ] No
If yes, describe each in full and indicate date of crime, city, county and state where each took place.

I, THE UNDERSIGNED PLAYER, HAVE READ THE ABOVE REFERENCED DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I 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 OF ANY KIND. I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Player Signature: _____ Date: _____

The AYSO Endowment Fund: The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to endowment@ayso.org.

DOB Verification	Check Number	Fee Charged	Amount Paid

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Reorder #GS104-7

Disclaimer, Assumption of Risk and Waiver and Consent Agreements

I, on behalf of myself, my heirs, assigns and next of kin, hereby enter into the following agreements IN CONSIDERATION OF my being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I 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. **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.** I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if I feel any concern in my readiness for participation in the EVENTS, I will remove myself 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.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the **EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.** I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which I live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at http://www.ayso.org/resources/insurance/insurance_forms.aspx, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before I participate.

I further acknowledge that I have received the AYSO/CDC Parent/Athlete Concussion Information Sheet (also available online at http://www.ayso.org/resources/safety.aspx) which contains information related to a) signs and symptoms of a concussion; b) danger signs associated with a concussion; c) why athletes should report symptoms related to a concussion; and d) what should be done if a concussion is suspected. I agree to review the Parent/Athlete Concussion Information Sheet with my parent(s) and return a signed copy as indicated on the form to my coach on my first day of practice.

For both internal and external use, I acknowledge that AYSO may compile and use my address and soccer photographs of me consistent with the AYSO Privacy Policy set forth at http://www.ayso.org/resources/legal/privacy_policy.aspx, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at http://www.ayso.org/resources/governing_documents.aspx and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and I understand that I may be removed as an AYSO player at any time with or without cause.

(Please signify your agreement with the foregoing by signing in the space indicated on the reverse side of this form.)