



AYSO Adult Soccer
An AYSO Affiliated Entity
www.ayso.org

Adult Player Registration Form

Adult ID#:

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED.

MY:

Region Number	Division	Check If a VIP Player <input type="checkbox"/>	Loc. Code
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Player

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 <input type="checkbox"/> Boy <input type="checkbox"/> 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:

If Player is a minor, provide 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: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other:

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

If Player is a minor, provide 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: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other:

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

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

I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

I am an adult of the age of majority in my state. I agree the terms and conditions hereof shall apply to all of my participation in the Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Player Signature: _____ Date: _____

If Player is a minor, Parent or Guardian must sign below

I represent and warrant that I am the parent or legal guardian of the Player named on this application, a minor, and that I am authorized on behalf of myself, Player and our heirs and assigns, to hereby enter into this Waiver Agreement IN CONSIDERATION OF Player's being able to participate in the Events. I agree the terms and conditions hereof shall apply to all of my Player's participation in any Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Parent/Guardian Signature: _____ Date: _____

DOB Verified	Check #	Fee Charged	Amount Paid

Disclaimer, Assumption of Risk and Waiver and Consent Agreement ("Waiver Agreement")

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, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (THE TERM "RELEASEES" IS DEFINED BELOW.). I AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION OR CONTINUED PARTICIPATION AND, IF THE PARTICIPANT ("PLAYER") OR I OBSERVE ANY CONCERN IN PLAYER'S READINESS FOR PARTICIPATION IN PRACTICES, GAMES OR OTHER ACTIVITIES ("EVENTS"), I WILL REMOVE PLAYER FROM PARTICIPATION AND IMMEDIATELY BRING SUCH CONCERN TO THE ATTENTION OF THE NEAREST OFFICIAL AND THE REGIONAL COMMISSIONER AS SOON AS POSSIBLE.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, TO THE FULLEST EXTENT PERMITTED BY LAW, THE AMERICAN YOUTH SOCCER ORGANIZATION ("AYSO"), ITS PLAYERS, EMPLOYEES, VOLUNTEERS, OFFICIALS, **AFFILIATED ENTITIES**, SPONSORS AND OTHER REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES ("RELEASEES") FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO PLAYER OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE, OR TO THEIR PROPERTY, WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I ACKNOWLEDGE THAT AYSO IS PRIMARILY ADMINISTERED BY VOLUNTEERS RATHER THAN PAID PROFESSIONALS.

I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH WE LIVE AND AGREE THAT IF ANY PORTION OF THIS WAIVER AGREEMENT 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 on-line at <http://www.ayso.org>, as may be amended from time to time, and either I have read and understand the terms or I will do so before Player participates in any Events.

I have received the AYSO/CDC Parent/Athlete Concussion Information Sheet (also available online at <http://www.ayso.org>) 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 Concussion Information Sheet (or review with Player) and return a signed copy to Player's coach on the first day of practice.

For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of Player consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

On behalf of myself, or Player (if Parent), and all members of my family or child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and agree that Player or any member of Player's family may be removed from the program at any time with or without cause. I represent that Player has not been convicted of any crime nor does Player have any known condition that might pose undue risk to other participants.

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