

**APPLESEED YOUTH SOCCER ASSOCIATION
REGISTRATION FORM**

Please Print

(Name of Player) _____ (School Attending)

(Street Address) _____ (City, Zip Code)

Phone No. _____ Date of Birth ____/____/____ Age ____ Grade ____ Gender M or F

CONSENT FOR MEDICAL TREATMENT: As a parent/legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

SIGNATURE _____ **DATE** _____

RELEASE TO PARTICIPATE: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for 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.

NAME _____ (Please print)

SIGNATURE _____ **DATE** _____

PARENT'S CODE OF CONDUCT: I, the parent/legal guardian of minor player, do hereby agree to the following "Code of Conduct": I will be the best possible role model for the above-named player. I will treat all participants (players, coaches, referees and spectators) with respect. I will **never yell at or touch a referee.** I will appreciate good play, no matter who makes it. I will support the team, club and league to create a positive environment for my child. I will remember that the game is just a game, for the players and no one else.

SIGNATURE: _____ **DATE** _____

SIGNATURE: _____ **DATE** _____

Violation of the above "Code of Conduct" may result in discipline up to and including expulsion from the league.

Father's Name _____ Willing to volunteer? yes or no

Phone No. _____

Mother's Name _____ Willing to volunteer? yes or no

Phone No. _____

Registration Deadline _____ Registration Fee: \$ _____

Make checks payable to: _____

Mail to: _____ Call: _____

Shirt Size: (circle one) Youth **MED** **LG** Adult: **SM** **MED** **LG** **XLG**
(10-12) (14-16)