

Instructions for Mail- In Registration

- Complete the attached form completely. Signature of Parent / Guardian is required for registration.
- Enclose Payment with Registration forms:
Make checks payable to AYSO
Fees: \$45 first the first child
\$35 for each additional child in the same immediate family.
- If you are willing to coach please note that on your form. We will contact you and provide you with coaching information. If you have questions regarding coaching call 541-993-8326. Remember it takes parent volunteers to make each season happen!
- Mail forms to AYSO:
PO Box 1229 The Dalles, OR 97058

AYSO Kick-Off Jamboree August 8, 2009 - Kramer Field

Time
9:00am - U6
10:00am - U8
11:00am - U10 & older

This will be a time to meet your coach, learn your practice schedule & receive personalized training from professional AYSO coaches. Please come dressed to practice.

Attention Kids 10 and Older

10 and 11 year olds have two options for playing Fall Soccer.

- Option 1
AYSO will have U12 teams that play on Sundays. These games will primarily be on our Kramer Field with a few games played in other local communities (Goldendale, White Salmon, etc.). Fees are as noted above. Registration is as noted above.
- Option 2
Traveling teams are being organized through Hood River Dynamos program with online registration. Fees are \$63 plus uniform cost. Travel will be in the Gresham/Portland area. Please contact Annette Byers at 541-296-1019 for registration information.

12 year olds and older will only have the option of playing on a traveling team (option #2 above)

DON'T FORGET TO CHECK OUT OUR SUMMER SOCCER CAMP!
August 3rd – 7th at Sorosis Park. Get more information and sign up online at www.aysosocccercamps.org

Skill Level (Circle One)
 Beginner / Average / Highly Skilled



American Youth Soccer Organization
 www.soccer.org

Player Registration Form

AYSO ID#: _____

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

Played Last Fall Season
 Yes / No (Circle One)

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

First Name	M.I.	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	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:					

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		

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, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/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. (continued on reverse side)

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE 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 AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent/Guardian 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.

"PLAYSOCCER", AYSO's quarterly magazine is sent to every household. By e-mail and regular mail, AYSO sends other publications, information and special offers we think will be of interest to our members. If, for some reason, you do not wish to receive these other communications, please check this box.

DOB Verification	Check Number	Fee Charged	Amount Paid

Disclaimer, Assumption of Risk and Waiver and Consent Agreements

I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this application, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements **IN CONSIDERATION OF** Player's 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 Player or I observe any concern in Player's readiness for participation in the EVENTS, 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.

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 said participant 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 we 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://soccer.org/Resources/Forms/Insurance+Forms.htm>, 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 permitting Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at <http://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

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