

Altoona Youth Soccer Association – 2010 Fall Registration Form

YOU CAN NOW REGISTER ONLINE

Mailing address: PO Box 472, Altoona, IA 50009

Website: <http://www.altoonasoccer.org>

Make checks payable to: Altoona Youth Soccer Assoc. (AYSA) For registration questions, [email: davidjody2@q.com](mailto:davidjody2@q.com)

See back of form for age group

Registration Fee:	05/15/10 thru 6/15/10	06/16/10 thru 06/21/10
U6	\$60.00	\$70.00
U8 – U10	\$70.00	\$80.00
U12 - U19	\$85.00	\$95.00

*AYSA depends on assistance from parents to continue to offer quality programs and facilities. Each soccer participant registered with AYSA will be **required** to provide up to 3 hours of league service time during the season. AYSA recognizes this time commitment can be challenging and offers the opportunity to "buy out" of mandatory league service by adding \$20 to the registration fee.

I am choosing to "buyout" of mandatory league service time and have added \$20 to my child's registration fee.
(example U6 Fee: \$60 + \$20 league service buyout = \$80 for 2010 Fall fee with no league service requirement.)

Has player previously played for Altoona Youth Soccer Assoc.? Yes ___ No ___ If No, birth certificate is required for new players.

Player's Last Name: _____ First Name, Middle Initial: _____

Mother's Date of Birth (for player ID-month/day): _____

Sex: Male Female Birthdate: _____ (Area Code) Phone Number: (____) _____

Address: _____ City, Zip Code _____

Enter age on 7-31-10 here: _____ (Must be 4 years old on 7-31-10)

Age Group: Under 6 Under 8 Under 10 Under 12 Under 14 Under 16 Under 19

Division: Co-ed All Girls (Under 8 & up) Will play Co-ed if no Girls team

Select Academy

NOTE: If no division is marked the child will be put on a co-ed team

Furnish Copy of Birth Certificate for New Players I am Double Rostering on Two Teams

**U10 &
Above
Attach
Picture
Here**

Shirt (check one): (U6 only) Youth-M (10-12) Youth-L (14-16) Adult-S Adult-M Adult-L Adult-XL Adult-XXL

(Note: Uniforms for U10 and up TEAMS will have shorts of the same size as the shirt size selected)

Father / Guardian

Name: _____
Address (if different): _____

Home Phone #: (____) _____
Cell Phone #: (____) _____
Email: _____

Mother / Guardian

Name: _____
Address (if different): _____

Home Phone #: (____) _____
Cell Phone #: (____) _____
Email: _____

League Service Assignment Request: (AYSA will do it's best to accommodate request. If \$20 buyout is chosen you will not be contacted for mandatory service.)

Coach Assistant Coach Concession Stand Paint/Mow Fields Division Coordinator Board Assistance

Name of Volunteer: _____ Phone: (____) _____

CONSENT FOR MEDICAL TREATMENT AND IS A RELEASE:

As the parent or legal guardian of the player named on the registration, I hereby give my consent for emergency medical care prescribed by a duly Licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Iowa Soccer Association (ISA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for ISA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify ISA, its affiliated organizations and sponsors, their employees and associate 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 same, which transportation I hereby authorize.

MEDICAL INFORMATION:

Non-parent to notify for emergency: _____ Phone: (____) _____

Physician: _____ Phone: (____) _____

Hospital: _____ Phone: (____) _____

Previous Illness/Injury and Dates: _____
_____ Concussions _____ Diabetes _____ Asthma _____ Allergies _____ Epilepsy _____ Seizures/Convulsions

Other medical information the Coach should be aware of: _____

Parent's/Guardian's Signature: _____

Office only: Date Paid _____ Amount Paid _____ Check#) _____ Cash