



Non-AYSO Registered Participants Form

www.ayso.org

FOR AYSO USE ONLY (REQUIRED)		
Section	Area	Region

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

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	Birthdate		Age	Height	Weight	Medical Insurance Carrier, Policy #					
<input type="checkbox"/> Boy	<input type="checkbox"/> Girl										

Parent/Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian										
First Name			Middle Initial	Last Name			Area Code	Cell Phone		
Address (if different from Player)				City			State	Zip Code	Area Code	Home Telephone

Parent/Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian										
First Name			Middle Initial	Last Name			Area Code	Cell Phone		
Address (if different from Player)				City			State	Zip Code	Area Code	Home Telephone

Parental 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.

I warrant and acknowledge that I am the parent or legal guardian of the player named on 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"). **(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: _____

18 Year Old Player Authorization, 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"). **(continued on reverse side)**

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 (18 Years Old) Signature: _____ Date: _____

DOB Verification	Check Number	Fee Charged	Amount Paid

Disclaimer, Assumption of Risk and Waiver and Consent Agreements

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://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 permitting Player to 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.

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://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.

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