

# Argyle Youth Sports Association

## Fall 2009 Football Registration

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ E-Mail Address (**Required**): \_\_\_\_\_

Team Last Played on: \_\_\_\_\_ Coach: \_\_\_\_\_

### **Circle The Grade Level Your Child Will Be In The Fall**

3<sup>rd</sup>      4<sup>th</sup>      5<sup>th</sup>      6<sup>th</sup>

NOTICE: In certain cases players may be required to play up one grade level. By signing this form I consent for my child to play up one grade level.

(Circle Player Shirt Size):      Approximate weight \_\_\_\_\_

Youth XS	Youth S	Youth M	Youth L		Adult S	Adult M	Adult L	Adult XL
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Would you like to be a head coach? \_\_\_\_\_      Would you like to be an assistant coach? \_\_\_\_\_

Will your child be playing another sport during the football season? (please circle)    yes    no

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**Important Registration Information:** This form must be received by the Argyle Youth Sports Association at P.O. Box 8 Argyle, Texas 76226 on or before **May 16, 2009** along with the registration fee of **\$120.00**. Once we have determined the number of teams based on our league rules, registration will be closed. Should registration remain open after May 16<sup>th</sup>, the late registration fee will be \$150.00. Registration will be closed when teams reach their maximum limit. There will be an official sign up date on **May 16<sup>th</sup> from 10:00 am to 2:00 pm** at the Argyle Baseball Fields (located at the intermediate school). Coach look & equipment handouts will be held on **July 18th** at the Football Field. **ALL PLAYERS MUST ATTEND!** Practices will start on **July 27<sup>th</sup>**. Players must attend the Argyle school district to play.

FOR MORE INFORMATION, PLEASE VISIT OUR NEW WEBSITE AT ***WWW.ARGYLESPORTS.COM***  
AYSA Football Commissioner: Ryan Grandi (817) 559-0248 - [ryangrandi@gmail.com](mailto:ryangrandi@gmail.com)

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**Waiver of Liability:** I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Argyle Booster Club. Recognizing the possibility of physical injury associated with football and in consideration for the Argyle Booster Club accepting the registrant for its football programs and activities, I hereby release, discharge and/or otherwise indemnify the Argyle Booster Club, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs.

**Consent For Medical Treatment (Minor):** I the parent/guardian of the registrant, a minor, hereby give 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.

Parent/Guardian Name: \_\_\_\_\_ Hm # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Hm # \_\_\_\_\_ Cell # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FOR AYSA USE ONLY:

Amount Paid: _____
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Check Number: _____
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Use this space for any special requests including: coaches, playing with certain kids, scheduling conflicts. <b>Nothing is guaranteed but we will try to accommodate where possible.</b>
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