

Argyle Youth Sports Association

Football Registration Fall 2010

Player Information:

Last Name: _____ First Name: _____ Birth Date: ___/___/___ Age: ___ Sex: ___

School (Fall 2010): _____

Grade Level (Fall 2010) 2rd 3rd 4th 5th 6th

Approximate player weight _____ lbs.

Circle Player Shirt Size:

Youth XS	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL
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Registration Information:

This form must be received by the Argyle Youth Sports Association at P.O. Box 8 Argyle, Texas 76226 on or before **June 15, 2010** along with the registration fee of **\$120.00**. Unless additional players are needed to fill teams, registration will be closed on June 15, 2010. Coach Look and Equipment Handout will be held on **July 17th, 2010**. **ALL PLAYERS MUST ATTEND!** Practices will start on **July 27th**. Players must attend the Argyle school district to participate in AYSA Football.

Parent Information:

Parent/Guardian Name: _____ Hm # _____ Cell # _____

E-mail: _____

Parent/Guardian Name: _____ Hm # _____ Cell # _____

E-mail: _____

Address where player resides: _____

Parent/Guardian would like to be: Head Coach _____ Assistant Coach _____ Team Mom _____

Will your child be playing another sport during the football season? Yes _____ No _____

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.

Signature of Parent/Guardian: _____ Date: ___/___/___

Use this space for any special requests including: coaches, playing with certain players, scheduling conflicts. **Nothing is guaranteed but we will try to accommodate where possible.**

FOR AYSA USE ONLY:

Amount Paid: _____

Check Number: _____

FOR MORE INFORMATION PLEASE VISIT OUR WEBSITE AT www.argylesports.com
AYSA Football Commissioner: Ryan Grandi (817) 559-0248 - ryangrandi@gmail.com