

# ARGYLE YOUTH SPORTS ASSOCIATION FALL 2009 SOCCER REGISTRATION

## Grades K – 4th

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Required): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

### Circle the Grade Level Your Child Will Be In the Fall

K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<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.

### Jersey Sizes (Circle Player Shirt Size):

Youth XS / Youth S / Youth M / Youth L / Adult S / Adult M / Adult L / Adult XL

Would you like to be a head coach? \_\_\_\_\_ Would you like to be an assistant coach? \_\_\_\_\_

**REGISTRATION DEADLINE!!!** This form must be received by the Argyle Youth Sports Association at

PO Box 8, Argyle, TX 76226 on or before **Sept 1<sup>st</sup> 2009** along with the registration fee of **\$65.00**.

**Coaches Meeting:** Sept 9<sup>th</sup> at 7:00 pm – Location: Hilltop Elementary

**Season:** Season starts Sept 22<sup>nd</sup> and ends Nov 10<sup>th</sup>

FOR MORE INFORMATION, PLEASE VISIT OUR NEW WEBSITE AT [WWW.ARGYLESPORTS.COM](http://WWW.ARGYLESPORTS.COM)

**Contacts:** AYSA Soccer Commissioner: Matt Portz [matt@mattportz.com](mailto:matt@mattportz.com) or Andy Albert [andy.albert@aa.com](mailto:andy.albert@aa.com)

**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 soccer and in consideration for the Argyle Booster Club accepting the registrant for its soccer 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 registrant's 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

FOR AYSA USE ONLY:

Amount Paid: \_\_\_\_\_

Check#: \_\_\_\_\_