2021 AYSA REGISTRATION
and
MINNESOTA YOUTH SOCCER ASSOCIATION INC.
LIABILITY/MEDICAL RELEASE

Player's Name: ____ Sex: M F Date of Birth: ______/______/______

Address: _____________________________ City: _________________ ST: ___ Zip: __________ Age: _______

Family Email: _________________________________ Home Phone:_________________

Player Email: __________________________________ Player's Cell Phone: __________________ School Grade: _____ __

EMERGENCY INFORMATION

Father's Name: _______________________ Home Ph: _____________ Work Ph: _____________ Cell Ph: ______________

Mother's Name: ______________________ Home Ph: _____________ Work Ph: _____________ Cell Ph: ______________

Allergies: ____

Other Medical Conditions: ____

Medical Insurance Company: ____ Phone: _______________

Policy Holder: ____ Policy Number: ______________________________

Player's Physician: ____ Phone: ______________________________________

In an emergency, when parent/guardian cannot be reached, please contact:

Name: ______________________________ Home Ph: _____________ Work Ph: _____________ Cell Ph: ______________

Name: ______________________________ Home Ph: _____________ Work Ph: _____________ Cell Ph: ______________

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer, Austin Youth Soccer Association (AYSA) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA, US Youth Soccer, and AYSA accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer, AYSA, and its affiliated organizations and sponsors, their employees, volunteers and associated 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 program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print): ____

Date: _________________ **Parent/Guardian Signature**: ____

CONSENT FOR MEDICAL TREATMENT

As the adult player or parent/legal guardian of a minor participant in MYSA/US Youth Soccer programs, 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 the player.

Date: _________________ **Parent/Guardian Signature**: ____

Fee:___________ **By 1/31** U9-U10 Competitive Team $155; U11-U18 Competitive Team $190; Scholarship $99.
After 1/31 U9-U10 Competitive Team $190; U11-U18 Competitive Team $240; Scholarship $115.
$30 discount for 2nd or 3rd child in family (not available with scholarship)

☐ Scholarship Donation: ____________

☐ I'm interested in being a Parent Volunteer or Coach

☐ Registration Fee Paid ☐ Late ☐ 2nd Child Discount Cash_____________ Check(s)_________|_________|_________
☐ Scholarship ☐ Proof of Financial Need Submitted
☐ Picture
☐ Birth Certificate Copy: ☐ Enclosed ☐ On File

To complete registration, you **MUST** email a picture of your child to goetz.angie@gmail.com, or text to (507)219-0156.