



Yavapai Soccer League

Recreational Program
2017/18 Registration Form
www.YavapaiSoccer.com

Official Use Only:
Date Rec'd: _____ Age _____
Sch\$: _____ Sch #: _____
Total Pd:\$ _____ Ck: _____ Cash _____
Approved by: _____

Recreational Program info & fees:

No Tryouts. Open to players age 4-15
Games played in Prescott Valley from Sep- Nov.

Before July 1 \$85 Early Bird Discount
July 1- Aug \$95
\$5 Online Registration Discount

PARENTS - HELP THE LEAGUE BE THE BEST IT CAN BE! VOLUNTEERS ARE NEEDED! PLEASE CIRCLE YOUR INTEREST:

COACH/ASSIST TEAM PARENT FUND-RAISING REFEREE EVENT VOLUNTEER BOARD OF DIRECTORS

PLAYER FIRST NAME _____ LAST NAME _____
ADDRESS _____ CITY _____ ZIP _____
DOB ____/____/____ M / F YRS OF EXPERIENCE _____ CLUB _____
FATHER _____ Volunteer? Yes No How? _____
HM PHONE _____ CELL/TEXT _____ EMAIL _____
MOTHER _____ Volunteer? Yes No How? _____
HM PHONE _____ CELL/TEXT _____ EMAIL _____
EMERGENCY CONTACT NAME _____ PHONE _____ RELATION _____
DR. NAME _____ PHONE _____ MEDICAL CONDITION _____

Rules and Obligations Agreement/ Release - I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the AYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the AYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the AYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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 Programs and/or being transported to or from the same, which transportation I hereby authorize. I authorize the use of photographs of my child from Yavapai Soccer events to be published or broadcast including use on related websites.

Parent/ Guardian Signature: X Date:

Consent to Medical Treatment (Minor) - As the parent or legal guardian of the above- named player, I hereby give consent for emergency medical card 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 Signature: X Date:

CODE OF CONDUCT As a parent, coach, assistant coach, team business manager or other affiliate of my child's soccer team, I understand that I am a member of this Association, that I am responsible for complying with all of the rules and regulations of this Association and that I can be held accountable for my actions, as provided in the Yavapai Soccer Bylaws. I understand that it is a privilege to stand along the sidelines and watch children play the game of soccer. While watching the game I will be a role model of sportsmanship for these kids. I agree to be positive with my comments regardless of the outcome of the game. I agree to be tolerant of the officials' calls, whether I agree with them or not, and will encourage my child to do the same. I will do my best to support the referees, especially youth referees, and agree that I will not berate, threaten, curse or in any way physically or verbally abuse an official of any age. I understand that a referee is not obligated to delay the game to explain their calls to anyone. Should I have a complaint about the referee I understand there is a system in place to report the complaint and I will follow those procedures (see Coaches Manual at www.yavapaisoccer.com.) I understand that at no time during the course of the game (including injuries and fighting) will anyone—coaches, parents, substitute players or spectators - enter the field of play without the express permission of the center referee. I realize that all persons on the sideline must be at least one yard back from the touch line. I understand that the enjoyment of the kids playing the sport they love is much more important than the outcome of the game. I will encourage my child at each game to play hard, play fair, respect the referees and other officials and congratulate their opponent. I agree to try my best to make every soccer game, practice or tournament a positive experience for my child and all those around me.

Signatures Required : X _____ Date: X _____ Date: _____
Father/Guardian Mother/Guardian