AMESBURY SOCCER ASSOCIATION

PO Box 127
Amesbury, MA 01913

Registration Form and Release Contract

Affiliated with Mass Youth Soccer Assoc.(MYSA) U.S. Youth Soccer Assoc. (USYSA) U.S.>Soccer Federation (USSF) and F.I.F.A.

Check One: ☐ Spring ☐ Summer ☐ Fall ☐ U6/U8 Development

Last Name: _____ Parent 1: _____

First Name: _____ Home Phone: _____

Address: _____ Work or Cell Phone: _____

_____ Parent 2: _____

_____ Home Phone: _____

DOB* _____ Work or Cell Phone: _____

Gender: ☐ M ☐ F e-mail _____

Please identify primary phone for Contact purposes

CONSENT FOR MEDICAL TREATMENT (MINOR)

As a parent or legal guardian of the above-named player, 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 life, limb, or well being of my dependent:

Signature: _____ Date: _____

Emergency Contact:	Emergency Phone #:	Doctor:	Doctor Phone #:

Medical Conditions (Please also list any required medication):
Other:

REGISTRATION/RELEASE CONTRACT NOTICE TO PARENTS

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and the Code(s) of Conduct of Amesbury Soccer Association, Essex County Youth Soccer Association, Mass Youth Soccer/ US Youth Soccer, and any affiliated organizations and sponsors collectively, the "Organizations"). Recognizing the possibility of physical injury associated with soccer and in consideration of the Organizations' accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the organizations, their employees, directors, officers, and associated personnel, as well as the owners of the fields and facilities used 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.

Signature: _____ on behalf of the child and all Parents and/or legal guardians identified on this form. Date: _____

PHOTO AUTHORIZATION

I, the parent/guardian of the registrant, a minor, ☐ do ☐ do not authorize the Amesbury Soccer Association (ASA) and its representatives to use and display photographs taken of my child in any promotional materials, including but not limited to newspapers, advertising flyers and brochures and on the ASA website http://www.amesburyyouthsoccer.org.

Signature: _____ on behalf of the child and all Parents and/or legal guardians identified on this form. Date: _____

List ECYSA Travel Soccer Experience	# of Siblings in Travel Soccer
List Club Affiliation (if any)	Siblings in Same Age Division

I AM INTERESTED IN VOLUNTEERING ON SATURDAY MORNINGS: ☐

Amount Received: Cash: $ Check: $ Check #: Received by: Date: