

# AMESBURY SOCCER ASSOCIATION

PO Box 127

Amesbury, MA 01913

## Instructions for Spring 2012 Travel Registration:

1. Spring boys and girls U10-U19 Travel teams will be formed by the end of last week in December, notifications of team placement will be sent out in late February.

- U10 (at min: Grade 2, born on or before 9/30/2004; at max: born after 8/1/2001).
- U12 (Born on or after 8/1/1999)
- U14 (Born on or after 8/1/1997)
- U16 (Born on or after 8/1/1995)
- U19 (Born on or after 8/1/1992)

2. Registration procedures:

- Registration can be done online, see ASA website for more information  
<http://www.amesburyyouthsoccer.org>  
Registration forms may also be downloaded and mailed to:  
ASA, PO Box 127, Amesbury, MA 01913

3. Each applicant is required to provide:

- a. Signed Registration or if registered online, acceptance of online agreement.
  - i. Please list all previous Travel Soccer and Club Play experience.
  - ii. Please identify primary phone number for contact purposes
- b. Copy of player's Birth Certificate.
  - i. Only need if player has not played ASA Travel in the past 2 years.
- c. Passport sized photo of player.
  - i. If registering online, you may email a digital picture to [registrar@amesburyyouthsoccer.org](mailto:registrar@amesburyyouthsoccer.org) or mail the picture to:  
ASA, PO Box 127, Amesbury, MA 01913

4. Registration Fee:

- a. \$90 for first player from each family.
- b. Deduct \$10 for each additional player from the same family.

5. Late Fee

- a. Applications received after Dec 4<sup>th</sup> are subject to a \$25 late fee.

6. Withdrawal - If any player decides to not play after his/her registration is received by ASA, refunds will be made under the following conditions:

- a. Full refund if requested before teams submitted to ECYSA (Jan 5th, 2012).
- b. Less \$25, if requested after teams are submitted to ECYSA, but before 1<sup>st</sup> game of the Spring 2012 Season.
- c. No refund after the first game of the Spring 2012 Season.

Thank you,  
Amesbury Soccer Association  
Board of Directors

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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 #:
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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      Date: \_\_\_\_\_  
Parents and/or legal guardians identified on this form.

### 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      Date: \_\_\_\_\_  
Parents and/or legal guardians identified on this form.

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: