

AUBREY AREA YOUTH SPORTS ASSOCIATION

REGISTRATION FORM

FOR YEAR / SPORT: _____

PLAYER'S INFORMATION: Please Print

Child's Last Name: _____ Child's First Name: _____ Sex: MALE FEMALE Age: _____ Grade*: _____

Address: _____ Phone: (____) _____ Date of Birth: _____ / _____ / _____

City, Zip: _____ School Child Attends: _____

** Grade child will be in for activity (Ex: if child is in 3rd grade, but you are signing up for football or cheerleading the following fall, put 4th grade).*

Previous Sports Experience (in # of years):
 Baseball/Softball Basketball Football T-Ball
 Cheerleader Drill Team Volleyball Soccer

Last Year's Coach/Team: _____ Request Same Coach if possible: YES NO

Does child have any physical or medical limitations: If yes, please give details: _____

Special Requests and reason: _____

Shirt Size:	Y XS (2-4)	Y S (6-8)	Y M (8-10)	Y L (10-12)	Y XL (17-16)	A S	A M	A L	A XL
Short/Pant Size (if supplied):	Y XS (2-4)	Y S (6-8)	Y M (8-10)	Y L (10-12)	Y XL (17-16)	A S	A M	A L	A XL

EMAIL: (print clearly)

PARENT/GUARDIAN CONTACT INFORMATION:

Mother's Name: _____ Work Phone: (____) _____ Cell: (____) _____

Father's Name: _____ Work Phone: (____) _____ Cell: (____) _____

Emergency Contact: _____ Phone: (____) _____ Relationship: _____

Child lives with: Both Parents Mother Father Other _____ Sibling(s) participating in same sport: YES NO

I will volunteer as: Commissioner Coach Field/Equip Concessions Team Parent Other _____

I would like to sponsor: Please call (____) _____ Contact Person: _____

WAIVER OF LIABILITY AND CONSENT

Important: please read thoroughly

In consideration of my child participating, the undersigned acknowledges and agrees that: the risk of injury to my child includes the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; I agree to comply with the program's stated and customary terms and conditions for participation. If I observe any significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and notify the program's official immediately; and I, myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEFINITELY HOLD HARMLESS the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OR THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

- * In the event my child becomes ill or injured during practices or games, I hereby authorize AAYSA or a representative of AAYSA to consent to first aid or emergency medical treatment for my child.
- * Should my child cease to participate on the AAYSA team he/she is assigned, I may not be entitled to a refund.
- * I certify that I have read, understand and accept all of the information and conditions stated on this form, the AAYSA's Liability Waiver and Parent's Agreement and agree it is my responsibility to abide by the rules and by-laws of AAYSA and all state and local laws at any AAYSA function.
- * I attest that all the information provided hereon is true and correct.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY AUTHORIZED PERSONNEL ONLY

ITEM	AMOUNT	PAID BY	
Registration Fee	\$ _____	Ck # _____ / Cash _____	Received By: _____ AAYSA Representative Age Group: _____ Team: _____ Family Limit: _____ Scholarship: _____ On File**: Parents' Agreement: Liability Waiver:
Uniform	\$ _____	Ck # _____ / Cash _____	
Equip./ Vol. Deposit	\$ _____	Ck # _____ / Cash _____	
Other:	\$ _____	Ck # _____ / Cash _____	
Total Received	\$ _____		** Need one copy on file of each per family per year.