



## Tournament Participation Non USYS Form

For Player Not Currently Registered with Alaska Youth Soccer and US Youth Soccer.

Guest Player Name: \_\_\_\_\_ District Affiliation \_\_\_\_\_  
(Legal Name)

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ \* U- \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permission from the Guest Player Club Administrator or DOC has been received? \_\_\_\_\_ \*Required if applicable

Club Administrator Name and Email: \_\_\_\_\_

Alaska Tournament Team: \*Required

Tournament Name: \_\_\_\_\_ Tournament Date: \_\_\_\_\_

Team: \_\_\_\_\_ Club: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ \* U- \_\_\_\_\_

Team Coach: \_\_\_\_\_ (907) \_\_\_\_\_

### RELEASE FROM LIABILITY:

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer, Alaska Youth Soccer, members of US Youth Soccer, and other participants; accepting my son/daughter as a guest player in the Alaska Youth Soccer Association, AYSA Affiliation Member Club, and US Youth Soccer Sanctioned Tournament. I consent to my son/daughter participating in the above listed Sanctioned Tournament. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, Alaska Youth Soccer and its member affiliation organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the US Youth Soccer Sanctioned Tournament and/or being transported to or from the US Youth Soccer Sanctioned Tournament. I hereby authorize the transportation of my son/daughter to or from the US Youth Soccer Sanctioned Tournament.

### CONSENT FOR MEDICAL TREATMENT:

I hereby give my consent to have an athletic trainer/ licensed medical doctor or dentist provide my son/daughter with medical assistance/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment. I understand that my son/daughter will not be covered under Alaska Youth Soccer Association, Member Affiliation Organizations, and US Youth Soccer.

### PARENTAL CONSENT AND RELEASE:

As the parent or legal guardian of the youth player listed within this form I hereby authorize US Youth Soccer, Alaska Youth Soccer and its Member Affiliation Organizations to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: name, photograph and team.

\*Acknowledged: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent or Guardian Print Name and Signature*

Submit the Tournament Participation Non USYS Form to the State Office @ [alaskayouthsoccer@gmail.com](mailto:alaskayouthsoccer@gmail.com); the Form Fee of \$15.00 payable to AYSA must be mailed/ paid online at time of submission; pay the Form Fee Online @ [www.alaskayouthsoccer.org](http://www.alaskayouthsoccer.org). When submission of your Form and payment have been received by the AYS State Office; you will be notified of your approval status *within three business days*.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Alaska Executive Director Signature/ Stamp*

The Tournament Participation Non USYS Form will only be valid for the above listed event; no exceptions.

Permission Granted: \_\_\_\_\_ Permission Denied: \_\_\_\_\_ Reason: \_\_\_\_\_