

Annual Membership Form

For Players Not Currently Registered with an Alaska Youth Soccer Association
and Affiliate Member Club/ Associations

Allowing participation in AYSA and US Youth Soccer Program/ Events



Player Name: _____ * Age _____
(Legal Name)

* Date of Birth: _____ Gender M ___ F ___

*Address: _____ (907) _____

Parents/Guardians: _____

Email Address: _____

Name of Program to Participate in: _____

RELEASE FROM LIABILITY:

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer, Alaska Youth Soccer Association and members of US Youth Soccer accepting my son/daughter as a player in the Alaska Youth Soccer Association programs and activities of US Youth Soccer and Alaska Youth Soccer. I consent to my son/daughter participating in the Alaska Youth Soccer Association Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, Alaska Youth Soccer Association and its member 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 Alaska Youth Soccer Association Programs and/or being transported to or from the Alaska Youth Soccer Association Programs. I hereby authorize the transportation of my son/daughter to or from the Alaska Youth Soccer Association Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs.

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.

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 Association and its members 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; photo; address; telephone number; team, registration and playing statistics; college plans; and availability.

I hereby give my permission for the State/ Regional /National Administrator(s) to provide individual player profile (Club/ League/ State/ High School experience) information to any college coach upon written request.

*Acknowledged: _____ Date: _____

Parent or Guardian Print Name and Signature

Submit the Annual Membership Form to the AYSA Office @ alaskayouthsoccer@gmail.com; the Form Fee of \$30.00 payable to AYSA must be mailed/ paid online at time of submission; pay the Form Fee Online @ www.alaskayouthsoccer.org.

When submission of your Annual Membership Form and payment have been received by the AYSA Office; you will be notified of your approval status *within three business days*.

Approved: _____ Date: _____
AYSA Executive Director Signature

Permission Granted: _____ Permission Denied: _____ Reason: _____