



**2020 AYSA REGISTRATION**  
and  
**MINNESOTA YOUTH SOCCER ASSOCIATION INC.**  
**LIABILITY/MEDICAL RELEASE**

Player's Name: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Family Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Player Email: \_\_\_\_\_ Player's Cell Phone: \_\_\_\_\_ School Grade: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**In an emergency, when parent/guardian cannot be reached, please contact:**

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

**PLAYER OR PARENT/GUARDIAN AGREEMENT**

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer, Austin Youth Soccer Association (AYSA) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA, US Youth Soccer, and AYSA accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer, AYSA, and its affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print): \_\_\_\_\_

Date: \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

As the adult player or parent/legal guardian of a minor participant in MYSA/US Youth Soccer programs, 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 the life, limb or well-being of the player.

Date: \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

Fee: \_\_\_\_\_ **By 1/31** U9-U10 Competitive Team \$155; U11-U18 Competitive Team \$190; Scholarship \$99.

**After 1/31** U9-U10 Competitive Team \$190; U11-U18 Competitive Team \$240; Scholarship \$115.

\$30 discount for 2<sup>nd</sup> or 3<sup>rd</sup> child in family (not available with scholarship)

Scholarship Donation: \_\_\_\_\_

I'm interested in being a Parent Volunteer or Coach

Registration Fee Paid     Late     2<sup>nd</sup> Child Discount    Cash \_\_\_\_\_    Check(s) \_\_\_\_\_

Scholarship     Proof of Financial Need Submitted

Picture

Birth Certificate Copy:     Enclosed     On File

To complete registration, you **MUST** email a picture of your child to [goetz.angie@gmail.com](mailto:goetz.angie@gmail.com), or text to (507)219-0156.