

2023 AYSA REGISTRATION

and

MINNESOTA YOUTH SOCCER ASSOCIATION INC. LIABILITY/MEDICAL RELEASE

Adult Player or Parent/Legal Guardian of Minor Player (Print):	Player's Name:		Sex: M F Date of	Birth:/	
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 Number: Phone: Player's Physician: Phone: 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 socer 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 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 consen for emergency medical care prescr	Address:	City:	ST: Zip:	Age:	
EMERGENCY INFORMATION Father's Name:	Family Email:	Home Ph	one:		
Father's Name: Home Ph: Work Ph: Cell Ph: Mother'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: Phone Ph: Work Ph: Cell Ph: Phone: Phone 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 (MYSA) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA, US Youth 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'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): Parent/Guardian Signature: Parent/Guardian Signature: Parent/Guardian of Amore Player (Print): Secondary Parent/Guardian Signature: Parent/Gu	Player Email:	Player's	Cell Phone:	School Grade:	
Mother's Name:	EMERGENCY INFORM	ATION			
Allergies:	Father's Name:	Home Ph:	Work Ph:	Cell Ph:	
Other Medical Insurance Company: Phone: Ploicy Holder: Policy Holder: Policy Holder: Policy Holder: Policy Holder: Policy Number: Player's Physician: Phone: Phone: Plone: Phone: Plone: Phone: In an emergency, when parent/guardian cannot be reached, please contact: 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, 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, 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 registran 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 consen for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given unde whatever conditions are necessary to preserve the life, limb or well-being of the player. Date: Parent/Guardian Signature: Before 1/31: U9-U10 Competitive Team \$175 U11-U18 Competitive Team \$250 Scholarship \$125. After 1/31: U9-U10 Competitive Team \$175 U11-U18 Competitive Team \$250 Scholarship \$175. Salo discount for 2 nd or 3 nd child in family (not available with scholarship) Fee: Scholarship reduction: 2 nd Child Discount Total	Mother's Name:	Home Ph:	Work Ph:	Cell Ph:	
Medical Insurance Company:	Allergies:				
Policy Holder:	Other Medical Conditions:				
Player's Physician:	Medical Insurance Compan	y:		Phone:	
In an emergency, when parent/guardian cannot be reached, please contact: Name:	Policy Holder:		Policy Number:		
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Registrar Use only: Fee Paid____ Cash___ Check(s)______
Scholarship - Proof of Financial Need Submitted _____ Picture _____