

**AUBREY AREA YOUTH SPORTS ASSOCIATION**

**REGISTRATION FORM**

**PLAYER'S INFORMATION**

Please Print

**FOR YEAR / SPORT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City, Zip: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

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

Last Years Coach/Team (*for sport registering for*): \_\_\_\_\_

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

Special Requests and reason: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Youth Sizes: \_\_\_\_\_ Adult Sizes: \_\_\_\_\_

Short/Pant Size (*if supplied*): \_\_\_\_\_ Youth Sizes: \_\_\_\_\_ Adult Sizes: \_\_\_\_\_

**PARENT(S) / GUARDIAN(S) INFORMATION**

**Email (print clearly):**

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/other sport: \_\_\_\_\_

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 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<u>ITEM</u>	<u>AMOUNT</u>	<u>PAID BY</u>	
Registration Fee	\$ _____	Check # _____ / Cash _____	Received By: _____ AAYSA Representative  Age Group: _____ Team: _____ Family Limit: _____ Scholarship: _____
Uniform	\$ _____	Check # _____ / Cash _____	
Equip./ Vol. Deposit	\$ _____	Check # _____ / Cash _____	
Other: _____	\$ _____	Check # _____ / Cash _____	
Total Received	\$ _____		