

Angelina Youth Soccer Association
P.O. Box 153908
Lufkin, Texas 75915-3908
angelinays.gotssport.com



2017 Fall Recreation Season
\$70 before 07/01/2017 after \$95

Registration:
Amount Paid: _____
Cash/Check#: _____
Rec'd by: _____
Birth Certificate:
On file: _____
Need: _____
Mail: _____

FALL 2017 SOCCER REGISTRATION FORM

Date of Birth: Month _____ Day _____ Year _____

Age: _____ *****Child must be 4 on or before December 31st, 2017 to be eligible to play*****

Name: Last _____ First _____ Initial _____ Male/Female (circle one)

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell #: _____ Email: _____

Previously played (year): Fall _____ Spring _____ Never Played _____

Uniforms are included in the cost of the Fall Registration. Please select your child's size.

Shirt Size (circle one): Youth: XS(4-6) S(6-8) M(10-12) L(14-16) Adult: S M L XL Other: _____

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Parental Support: We ask for active participation of all parents in our program. Please circle one:

Coach Asst. Coach Team Parent Commissioner Field Preparation Board Member

Name of Parent willing to help: _____ Best Contact #: _____ (Day/Night)

I plan to coach with _____ parent of _____. Birth Date: _____

Emergency Contact:

Person to notify in case of Emergency _____ Phone _____

I, the **parent/guardian** of the **registrant**, a **minor**, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors, recognizing the possibility of physical injury associated with soccer, and in consideration by the USYSA excepting the registrant for its soccer programs and its activities (the programs), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees, 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 the same, which transportation I hereby authorize. As the parent or legal guardian of the above name player, I hereby give 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 wellbeing of my dependent.

*****Please note that children cannot wear any jewelry, including earrings, at any time while on the field including practice. Shin guards are to be worn at all times and completely covered by socks.*****

Signature of Parent or guardian: _____ Date: _____

A CHILD WHOSE FORM IS RECIEVED AFTER AUGUST 1ST, 2017 IS NOT GUARANTEED A SPOT ON A TEAM.