

United Anchorage Youth Soccer League
www.uaysl.org
Player Registration Form for Recreational Players

Player Information

Name _____ Date of Birth _____
Mailing Address _____ City _____ Zip _____
Phone (hm) _____ (cell) _____ Gender: Male _____ Female _____
Email _____

All players must be registered with the ASYSA for the 2009-2010 season. If you have not registered you may register through UAYSL. The ASYSA recreational registration fee is \$15.00 payable to UAYSL. If you have previously registered then you have paid your fee. List the name of the affiliated club you registered through _____.

Parent or Guardian Information

Name _____ Email _____
Address _____ City _____ Zip _____
Phone (hm) _____ (cell) _____ (wk) _____

Emergency Notification Information

Name _____ Phone (hm) _____ (cell) _____ (wk) _____
Doctor _____ Phone _____ Hospital _____
List any medical conditions or allergies _____

**MUST BE SIGNED BEFORE THE PLAYER CAN PARTICIPATE IN UAYSL LEAGUE
RELEASE OF LIABILITY**

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of UAYSL and the USYSA its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for UAYSL and USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the UAYSL and 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 the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Consent for Medical Treatment of a Minor

As the parent or legal guardian of the above named 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 well being of my dependent.

PRINT: Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

UAYSL is an affiliate of: Alaska State Youth Soccer Association; United States Youth Soccer Association; United States Soccer Federation.

Fee Paid _____ Ck# _____ Cash _____ Date _____ Received By _____