



Arizona Academy of Youth Soccer

AAYS: P.O. Box 31153 Mesa, Arizona 85275

www.AAYS.info 480-396-8607 renegades@aays.info

Developmental Level (Recreational) Registration

OFFICIAL USE ONLY – DO NOT FILL OUT

Registration Fee: \$ 80.00

Registered Sibling Discount (-\$20) - _____

Bring a Buddy Referrals (-\$10 per registered buddy) - _____

{if more than 8 NEW Buddies, the discount will apply to a future season's fees} - _____ (for next season)

Names of Referred Players:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Fees Due: \$ _____

Paid: \$ _____

Date _____

Forms for Player's File:

- this page
- Registration form
- Proof of age certificates or copy of Birth Certificate
- Code of Conduct
- Media Release form
- concussion

Player Name (Last, First, MI) _____
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FEES Payable To: Arizona Academy of Youth Soccer or "AAYS"



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*** Player Information Must Match Birth Certificate ***

Last Name:		First Name:			MI:
Player's Date of Birth:		Gender:	Playing Experience: (years)		
Uniform:	Shirt (circle one)	YS	YM	YL	AS
	Shorts (circle one)	YS	YM	YL	AS
Player Resides with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Other _____					
Parent/Guardian Names:			Referred by (player name):		
Address:		City:	State:	Zip:	
Parent/Guardian Email:					
Home Phone:		Work Phone:		Cell Phone:	
Emergency Contact:		Relationship to player:		Phone:	
Nearest Major Crossroads:			School Child Attends:		
Volunteer to Coach: <input type="checkbox"/> Yes	Name:		Best way to contact:		
Special Requests:					
Health Insurance Company:				Group Number:	
Physician Name and Phone:					
List any/all physical/medical conditions which may affect player. Please include allergies, food and medical:					
<p><u>Waiver:</u> I do hereby expressly and specifically assume all of the risks which attend the game of soccer and any other related activities, including but not limited to physical contact and physical injuries. I agree to indemnify and hold harmless the Arizona Academy of Youth Soccer, it's officials, coaches and members including but not limited to any adjoining facilities from any and all claims, suits, or proceedings arising allegedly or in reality out of the acts or omission and participation of the undersigned and any related activity. I also agree to all rules and regulations of the Arizona Academy of Youth Soccer.</p> <p><u>Consent for Medical Treatment (minor):</u> As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this minor, named above.</p>					
Printed Name of Legal Guardian/Parent:			Medical Release Notarization subscribed and sworn to me this day of, ___/___/____		
Signature of Guardian/Parent:		Date:			
Health Insurance Company:		Group Number:			
FEES Payable To: Arizona Academy of Youth Soccer or "AAYS"					
			Signature _____		



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AAYS DEVELOPMENTAL LEAGUE CODE OF CONDUCT

As a parent, coach, assistant coach, team administrator, or other affiliate of my child's soccer team, I understand that I am responsible to promote good sportsmanship and encourage others to do the same. The purpose of this club and this league is to promote the desire to play the game of soccer in an atmosphere that is safe and supportive, to encourage the kids to learn the game as best they can, and for the kids to enjoy playing the game of soccer.

It is a privilege to be able to be on the sidelines and to watch my son or daughter play the game. I agree to be positive with my comments and tolerant of any decisions by those refereeing or coaching the game.

No standings are being kept, as the purpose of this league is to learn and develop as players. The emphasis is not on winning but on enjoying the game and letting all the players have an opportunity to participate and do their best.

Coaches and parents should conduct themselves in a positive manner to all the players on the field. Their actions toward other parents, referees and coaches set the example for the players and must be of the highest standards. Parents should not go onto the field of play unless they are designated to help officiate the game (usually coaches and assistant coaches).

I understand that the enjoyment of the kids playing soccer is more important than the outcome of the game. I will encourage my children to play hard, play fair, respect the referees, and other officials, and congratulate their opponent at each and every game. I agree to try my best to make each and every soccer game, practice, and scrimmage a positive experience for my child and all those around me.

As a parent, coach or administrator I will not yell, scream, curse, create a public disturbance, threaten officials or other parents, or otherwise bring discredit upon myself and Arizona Academy of Youth Soccer. I will do my best to provide a safe and supportive environment for all our children to play the game. (Smoking or alcohol consumption, in or around the practices/games, is NOT permitted.)

Player's Name _____

Signature of Father or Legal Guardian _____

Signature of Mother or Legal Guardian _____



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Media Release Form

I give Arizona Academy of Youth Soccer permission to photograph my child, _____, during the season for use in public media as well as official AAYS publicity, such as the Arizona Academy of Youth Soccer web site, publications, displays and presentations. Picture and first name ONLY may be used; no personal information will be given.

Sign & Date _____