



AYS Soccer

Name _____ AGE _____ Town _____

Grade _____ School _____ Phone _____

Email _____

Parents Names _____

Team Played for last year (Circle One) New Player (Place Check) _____

Big Blue Big Maroon Big Gold Big Red
Little Blue Little Maroon Little Gold Little Red

Do you have insurance for your child? YES _____ NO _____

Parent/Guardian Consent

I hereby grant my child permission to play the sport of Soccer this season and do not hold Area Youth Sports or any of its officers, directors, or sponsors of teams or any patron of this league responsible for any injury received by my child in said program.

Parent/Guardian _____
(Print Clearly)

Signed _____ Date ____/____/____

Shirt Size (Circle One) YS YM YL AS AM AL AXL AXXL

Players Fee \$ 30 per child PAID: YES _____ NO _____