



AYSO ID#: \_\_\_\_\_

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED.

|   |           |             |          |  |           |                          |
|---|-----------|-------------|----------|--|-----------|--------------------------|
| First Name  |           | Middle Name |          | Last Name  |           | Suffix                   |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate | Age         | Nickname | I'm Volunteering for the AYSO Position:<br><input type="checkbox"/> Referee <input type="checkbox"/> Other |           | Section: Area: Region #: |
| Street Address  |           |             |          |  |           | Apt. #                   |
| City  |           |             | State    | Zip Code   | Area Code | Phone                    |
| E-Mail  |           |             |          | FOR REGIONAL USE ONLY<br>Verified by: _____  |           |                          |

**Contact Information**

|                                       |                |           |                 |
|---------------------------------------|----------------|-----------|-----------------|
| School Name                           |                | Area Code | Phone           |
| Emergency Contact (other than parent) |                | Area Code | Phone           |
| Emergency Contact (other than parent) |                | Area Code | Phone           |
| Medical Insurance Carrier             | Physician Name | Area Code | Physician Phone |

**Parent/Guardian #1  Father  Mother  Guardian**

|                                    |           |                             |           |                |   |
|------------------------------------|-----------|-----------------------------|-----------|----------------|---|
| First Name                         |           | Middle Name                 |           | Last Name      |   |
| Address (if different from Player) |           | City                        |           | State          | Zip Code e-mail address   |
| Employer                           | Area Code | Business/Cellular Telephone | Area Code | Home Telephone | AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach<br><input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other: _____ |

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

**Parent/Guardian #2  Father  Mother  Guardian**

|                                    |           |                             |           |                |   |
|------------------------------------|-----------|-----------------------------|-----------|----------------|---|
| First Name                         |           | Middle Name                 |           | Last Name      |   |
| Address (if different from Player) |           | City                        |           | State          | Zip Code e-mail address   |
| Employer                           | Area Code | Business/Cellular Telephone | Area Code | Home Telephone | AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach<br><input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other: _____ |

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

**Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements**

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above-named youth volunteer, a minor ("Youth Volunteer") hereby authorize an adult volunteer of the American Youth Soccer Organization ("AYSO"), the above identified Emergency Contact and/or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment. **(continued on reverse side)**

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.**

**I AGREE A PARENT OR LEGAL GUARDIAN OF YOUTH VOLUNTEER WILL BE PRESENT WHEN YOUTH VOLUNTEER IS PERFORMING VOLUNTEER SERVICE, OR I PROMISE YOUTH VOLUNTEER WILL HAVE PRESENT IN HIS/HER POSSESSION AN EXECUTED COPY OF THIS FORM.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The AYSO Endowment Fund:** The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to endowment @ayso.org.

"PLAYSOCCER", AYSO's quarterly magazine is sent to every household. By e-mail and regular mail, AYSO sends other publications, information and special offers we think will be of interest to our members. If, for some reason, you do not wish to receive these other communications, please check this box.

### Disclaimer, Assumption of Risk and Waiver and Consent Agreements

I warrant and acknowledge that I am the parent or legal guardian of the youth volunteer named on the reverse side of this application, a minor ("Youth Volunteer"), and on behalf of myself, Youth Volunteer and our heirs, assigns and next of kin, I hereby enter into the following agreements **IN CONSIDERATION OF** the Youth Volunteer's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.** I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Youth Volunteer or I observe any concern in the Youth Volunteer's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the Regional Commissioner as soon as possible thereafter.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at [http://www.ayso.org/resources/insurance/insurance\\_forms.aspx](http://www.ayso.org/resources/insurance/insurance_forms.aspx), as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting the Youth Volunteer to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Youth Volunteer consistent with the AYSO Privacy Policy set forth at [http://www.ayso.org/resources/legal/privacy\\_policy.aspx](http://www.ayso.org/resources/legal/privacy_policy.aspx), as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

**(Please signify your agreement with the foregoing by signing in the space indicated on the reverse side of this form.)**