

Angelina Youth Soccer Association

P.O. Box 153908
Lufkin, TX 75915-3908
www.angelinayouthsoccer.org

2012 Spring Recreational Season

\$40 on or before 2/01/12, after **\$65**
Amount Paid _____ cash/ ck # _____ Rec'd by _____
Birth Certificate _____ on file _____ Need _____ Mail _____



ANYSA

Date of Birth: Month ___ Day ___ Year ___

Age _____ *****Child must be 4 on or before July 31, 2011 to be eligible to play*****

Name: Last _____ First _____ Initial ___ Male/Female

Address _____ City _____ Zip Code _____

Home Phone _____ Cell # _____ Email _____

Grade-Fall 2011 _____ Live in Angelina County: Yes / No

Previously played Fall _____ Spring _____ Never Played _____

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

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

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

Coach AsstCoach Team Parent Commissioner Field Preparation Ambassador Field Marshall

(please fill out coaches form)

Name of Parent willing to help: _____ Best number to reach you _____ Day Night

I plan to coach with _____ parent of _____ / birth date _____

Father's Name _____ Occupation _____ Phone _____ wk. hm. cell

Mother's Name _____ Occupation _____ Phone _____ wk. hm. cell

Person to Notify in Emergency _____ Phone _____

Doctor to Notify in Emergency _____ Phone _____

Please list any allergies/medical conditions/medications we should know about _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USTSA, it's 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 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.

Signature of parent or guardian _____

Phone _____

Today's Date _____

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