Andover Youth Soccer Association

www.andoverctsoccer.com

Age Group: U -

New Player ☐

CTP #

Player Information

Player's Last Name | Player's First Name | Middle Initial | Current Grade

M / F | Gender | Birth Date | Seasons Played | Allergies

Parent / Guardian Information

Last Name | First Name | Home Phone #

Address | City | State | Zip | Cell Phone #

Email

Parental Support

☐ Coach ☐ Assist. Coach ☐ Board Member

Emergency Information

Last Name | First Name | Cell Phone #

Hospital Choice | Physician Name | Phone #

Fees

Registration	(age as of 8/1/11)		**Uniforms**		**Field Maintenance**	
Under 6	$25.00		Jersey (additional $10) - YS- YM - YL- AS - AM - AL	☐	Check box if you wish to opt out	
Under 8	$35.00		Shorts (additional $10) - YS- YM - YL- AS - AM - AL		of field maintenance	
U-9 and above	$55.00	$	*(Circle size if required)*	$	day and pay $20	$
Travel Teams	$75.00				*(Saturday April 7th)*	

Late fee of $20.00 applied if registration is received after March 15th — Late Fee $

NOTE: AYSA tries to accommodate late registrations, but cannot guarantee participation

Please make checks payable to: AYSA — Total $

Mail fees and registration form(s) to: Andover Youth Soccer, P.O. Box 212, Andover, CT 06232

I, parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and AYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and 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 the fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the game which transportation I hereby authorize. As a parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

x _____ / / | Signature of parent or legal guardian | Date

I authorize the use of the registrant's photo in AYSA media _____ Initial

Official Use Only

Player Fee _____ Uniform Fee _____ Maintenance Fee _____ Late Fee _____ Total _____

Received By _____ Check # _____ Cash _____ Collected _____