

# American Amateur Soccer League

## **PLAYER REGISTRATION**

### SINGLE YEAR 2009-2010

<b>League Name</b> <b>AASL</b>	<b>Age Group</b> <b>U-</b>	<b>Male/Female</b> <b>M F</b>	<b>Dual Carded in AASL?</b> <b>Y N</b>	<b>Dual Carded Team #</b>
<b>Club/Team Name</b> <b>Lakewood Soccer</b>	<b>Birth Date (MM/DD/YY)</b>		<b>New or Prior Player in AASL?</b> <b>N P</b>	<b>Player ID #</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial or Name</b>		
<b>Address</b>	<b>City</b>	<b>State</b> <b>OH</b>	<b>Zip</b>	
<b>Area Code/Phone No.</b> <b>( ) -</b>	<b>Alternate Phone (optional)</b> <b>( ) -</b>	<b>Email Address (optional)</b>		

#### **Liability Waiver Form**

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

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

Date: \_\_\_\_\_

#### **AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/Coaches/Spectators**

I have read and understood the AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/Coaches/Spectators. I have relayed this policy to my family, relatives, friends and spectators that attend any matches/events. This policy is in effect at ALL matches/events.

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

Date: \_\_\_\_\_

#### **Consent for Medical Treatment (Minor)**

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

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

Date: \_\_\_\_\_