



# Summer Youth Soccer

## Alexandria Area Soccer Association SUMMER 2012 REGISTRATION FORM

MUST ATTACH  
WALLET SIZE  
PHOTO HERE

PLAYER'S NAME: \_\_\_\_\_

*Please print*

BIRTH DATE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

FATHER: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

PLAYER CELL: \_\_\_\_\_ PLAYER EMAIL: \_\_\_\_\_

**Select Player's Birth Date Range**

- U10 birth date 8/1/01 – 7/31/03
- U12 birth date 8/1/99- 7/31/01
- U14 birth date 8/1/97 – 7/31/99
- U16 birth date 8/1/95 – 7/31/97
- U19 birth date 8/1/92 – 7/31/95

**ORDER JERSEY – Select Size**

<b>Youth</b>	<b>Adult</b>
<input type="checkbox"/> Small	<input type="checkbox"/> Small
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Large	<input type="checkbox"/> Large
<input type="checkbox"/> X-Large	<input type="checkbox"/> X-Large

**Registration Fees**

U10 - \$85 & jersey provided  
 U12 – U14 - \$160 + Jersey \$25  
 U16 – U19 - \$185 + Jersey \$25

NOTE: U12 – U19 \$20 Late Fee if after 2/24/12

Amount Enclosed: Registration Fee \$ \_\_\_\_\_ + Jersey Fee \$25 = \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 Make checks payable to AASA (U12 – U19)

### EMERGENCY MEDICAL CARD 2012

*I certify my child is the appropriate age as required by AASA policies. I hereby give my permission and approval for the above named child to participate in soccer activities with the Alexandria Area Soccer Association. I assume all risks and hazards incidental to such activity and participation and release the sponsors, coaches and participants from any claim arising from an injury to my child. I/we have received and reviewed the PLAYER/ADULT PROTECTION GUIDELINES. I/we understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization. I authorize the use of my child's image on the AASA website and Facebook Fan page. Names will not be attached to the photos.*

Signature of Parent/Custodial Adult \_\_\_\_\_ Date \_\_\_\_\_ Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Pertinent Medical information (i.e. allergies, medications): \_\_\_\_\_

Persons who will care for the player in case parent cannot be reached:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to be notified \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist to be notified \_\_\_\_\_ Office Phone \_\_\_\_\_

In case of emergency, our procedure will be to contact the parent/guardian at home or at work. If parent/guardian is unable to be reached we will contact one of the persons listed above.

Mail or drop off the forms to: AASA, The UPS Store  
 1210 Broadway St S Ste 240 #145  
 Alexandria, MN 56308  
 By 2/24/12 for U12 – U19 teams - 4/30/12 for U10 teams