



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

Region Number 140		Division U10 B		Check if a VIP Player []		Loc.Code	
Player							
First Name BRYCE		MI	Last Name BAUER		Suffix	Area Code 775	Telephone 885-8536
Nick Name	Street Address 2650 Danielle Ct		City Carson City			State NV	Zip Code 89706
Mailing Address			City			State	Zip Code
Emergency Contact Eva Bauer		Area Code 775	Emergency Telephone 220-4465		Physician Name Dr. Patrick Gunn	Area Code 775	Physician Telephone 885-2229
Gender [X] Boy [] Girl	Birthdate 7/8/1999	Age 8	School Name Bethlehem Lutheran		Family e-mail address		
Medical Insurance Carrier EBMS	Yrs of Experience 2	Height 38	Weight 55	Siblings to play:		Current injuries or minor physical limitations:NO	
Region Specific Message: Players must be 4 years old as of August 1st. Registration closes 6/25/07 for U14 and younger ages. Late registrations will be placed on waiting list. 2007. Online payment still requires that you turn in TWO SIGNED copies of the registration form and payment or proof of payment (copy of on-line invoice) at a walk-in clinic: 4/17, 5/2, 5/12, 5/16/07 - Carson High N. Lobby. Also 6/14/07 Fremont School 4:30 to 7pm. See www.aysocarsoncity.org registration link for more information.							
Parent/Guardian #1 <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian							
First Name Eva		Middle Name M		Last Name Bauer			
Address 2650 Danielle Ct		City Carson City		State NV	Zip Code 89706	e-mail address DRBauer702@aol.com	
Employer USGS		Area Code 775	Business/Cellular Telephone 887-7666	Area Code 775	Home Telephone 885-8536	AYSO is an all volunteer organization - I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <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 <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Guardian							
First Name David		Middle Name		Last Name Bauer			
Address 2650 Danielle Ct		City Carson City		State NV	Zip Code 89706	e-mail address	
Employer		Area Code	Business/Cellular Telephone	Area Code 775	Home Telephone 885-8536	AYSO is an all volunteer organization - I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <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 player, a minor ("Player") hereby authorize each of the coaches, team parents, 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.

I warrant and acknowledge that I am the parent or legal guardian of the player named above, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements IN CONSIDERATION OF Player'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 Player or I observe any concern in Player'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.

(continued on reverse side)

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://soccer.org/Resources/Forms/Insurance+Forms.htm>, 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 Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at <http://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, 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.

Parent 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 email and regular

DOB Verified	Check Number	Fee Charged	Amount Paid