



Avon Soccer Club

www.avonsoccerclub.org
avonsoccerclub@comcast.net

Player or League ID _____

Membership Form

Please note:

Once players have been assigned to a team, they will not be transferred to another team.

Avon Soccer will do its best to place your child on a team that practices on a day that he/she is available. As our practice days depend on the availability of volunteer coaches, we cannot guarantee a requested practice day.

PLEASE COMPLETE APPLICATION AND PRINT CLEARLY

Player Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Parent E-mail: _____ Gender (circle): **M** **F**

Birthdate: _____ School: _____ Current Grade: _____

Player medical problems or prohibitions:

For intramural players, circle one day unavailable to practice. MON TUE WED THUR FRI

No exceptions will be made afterwards

Parent/Guardian Information

Father:

First & Last Name: _____

Home Phone: _____

Cell Phone: _____

Mother:

First & Last Name: _____

Home Phone: _____

Cell Phone: _____

We ask for active participation of all parents in our program. Indicate area(s) in which each parent would be willing to help.

Coach _____ Assistant Coach _____ Fall Tournament _____ Registration _____ Team Parent _____

Emergency Contacts

In the event that the parents/guardians are unavailable, please indicate whom you would like contacted.

Person to Notify: _____

Telephone: _____

Doctor to Notify: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Official Use Only

Birthdate Verified: Initial: _____

Individual Fee: _____

Family Fee: _____

Total: _____

Cash:

Check #: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

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 (Required): _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYS, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, 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 Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Legal Guardian (print): _____

Signature: _____ **Date:** _____ FrmAperRev 01/12