

ARIZONA YOUTH SOCCER ASSOCIATION



MEMBERSHIP FORM

Seasonal Yr: _____ to _____

League Name _____	Age Group U- _____	Div _____
Club & Team _____		
		Recreational = R Competitive = C

Last Name _____		First Name _____		Init. _____	
E-mail _____					
Address _____				City _____	
AZ					
State	Zip Code	Area Code	Telephone Number	Month Day Year Birthdate	Male = M Female = F

Father's Name _____	Occupation _____	Bus. Phone _____
	(Optional)	
Mother's Name _____	Occupation _____	Bus. Phone _____
	(Optional)	
Legal Guardian _____	Occupation _____	Bus. Phone _____
	(Optional)	
List any medical problems or prohibition of player _____		
Person to notify in emergency _____		Phone _____
Doctor to notify in emergency _____		Phone _____

IMPORTANT

Players who transfer or release from one club to another club after November 1st will be ineligible for participation with the new club team in both Arizona Presidents Cup including Regionals and Nationals & the National Championship series (known as Arizona State Cup, Far West Regionals and US Youth Soccer Nationals) for that seasonal year. A transfer is defined as the process by which a player changes club affiliation, moving from one club and re-registering to a team within a different club within the same seasonal year.

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____	Player: _____
Print Name of Parent/Guardian	Print Name
Signature <input checked="" type="checkbox"/> _____	Signature <input checked="" type="checkbox"/> _____
Date: _____	Date: _____

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 _____
Parent or Legal Guardian

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____
AC AC

MEDICAL RELEASE NOTARY

(Recommended for In-State play, Required for out-of-state travel per AYSA travel policy)

Subscribed and sworn to me this day of,

_____ Day _____ Month _____ Year

My Commission Expires: _____



ARIZONA YOUTH SOCCER ASSOCIATION
INJURY REPORT FORM

An AYSA Injury Report must be filed within 30 days of the date of the injury and prior to filing a medical claim.

Seasonal Yr: ____ to ____

Status: Injured

New Report:

Correction

Person:

Player

Coach

Other

Male

Female

Date of Birth

MM

DD

YYYY

Name: _____

Phone: _____ - _____
Area Code

Address: _____

City: _____ State: _____ Zip: _____

Member I.D. No.: _____

Injury Information:

League Game

Tournament Game

Practice

Other

Team Name: _____

Location: _____ State Affiliation: _____

Injury Details:

Date Injury Occurred: _____ Time _____ : _____ a.m./p.m. (circle one)

Describe the incident Below in Detail. Attach Additional Pages If Necessary: _____

Signatures:

Coach: _____ Signature: _____
Print Name

Parent/Guardian: _____ Signature: _____
Print Name

Parent/Guardian Employer: _____ Phone: _____ - _____

Medical Insurance Co.: _____ Phone: _____ - _____
Area Code

Policy No.: _____

FOR STATE ASSOCIATION ONLY

Date Report Received: _____ Date Initial Medical Claim Received: _____
Date Initial Medical Claim Approved: _____

Processed By: _____ Signature: _____
Print Name

Notes: _____

Mail completed form to:

9034 N. 23rd Avenue

Suite 10

Phoenix, AZ 85021

602-433-9202

FAX 602-433-9221

Toll Free 877-723-2972

(AYSA Rev 5/18/17)