



# AURORA ARSENAL SOCCER CLUB, INC.

P. O. BOX 132 EAST AURORA N. Y. 14052



Affiliated with Buffalo & W.N.Y. Junior Soccer League – Youth Division of United States Soccer Federation

## PLAYER REGISTRATION FORM

### PLAYER INFORMATION

PLAYER NAME (PRINT): \_\_\_\_\_

STREET ADDRESS (PRINT): \_\_\_\_\_ CITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ (if different) TELEPHONE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PRIMARY E-MAIL ADDRESS \_\_\_\_\_

REGISTERING FOR (Please indicate specific U-Age level below U10 \_\_ U11 \_\_ U12 \_\_ U13 \_\_ U14 \_\_ U15 \_\_ U16 \_\_ U17 \_\_ U19 \_\_

NUMBER OF SEASONS PLAYED => HOUSE: \_\_\_\_\_ TRAVEL: \_\_\_\_\_ **with Arsenal?** \_\_\_\_\_ (Y/N) if No, Birth Certificate Req: \_\_\_\_\_

**(Travel Players 12 and over can register to Referee House games) Referee?** \_\_\_\_\_ (y/n) if Yes, has player refereed with Arsenal? \_\_\_\_\_ (y/n)

WILL YOUR CHILD BE PLAYING IN THE AURORA BASEBALL LEAGUE? YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS OR RESTRICTIONS THE PLAYER HAS: \_\_\_\_\_

PERSON TO NOTIFY IN AN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR TO NOTIFY IN AN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PARENT INFORMATION

FATHER'S NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

I will volunteer : HEAD COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_ FIELD PREPARATION \_\_\_\_\_ Other \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

I will volunteer : HEAD COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_ FIELD PREPARATION \_\_\_\_\_ Other \_\_\_\_\_

### PARENT/GUARDIAN RELEASE and CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the above-named player (the "Player"), a minor, agree that I and the Player will abide by the rules of the Aurora Arsenal Soccer Club, Inc. (the "Aurora Arsenal"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Aurora Arsenal accepting the Player for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Aurora Arsenal, its affiliated organizations and sponsors, their employees and associated personnel, including but not limited to the owners, lessors, lessees of fields and facilities utilized for the Programs, against any claim by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. By signing below, I consent to my child's picture and/or image, being used in the Club's newsletters, brochures, videotapes, or web pages.

As the parent or legal guardian of the above-named Player, I hereby give my 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, the Player.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature X: \_\_\_\_\_

### TRAVEL TEAMS ONLY

PLAYER'S SIZES: SHIRT: \_\_\_\_\_ SHORTS: \_\_\_\_\_

Choose: **YOUTH:** Large (YL)

**ADULT:** Small (AS), Medium (AM), Large (AL), Extra Large (AX)

### CLUB USE ONLY

PAYMENT RECEIVED \$ \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CASH  CHECK # \_\_\_\_\_

NOTE: \_\_\_\_\_ 8/29/07