



2012 Aurora Arsenal House League Registration

Date: Saturday, January 28th, 2012
Time: 10:00 a.m. - 1:00 p.m.
Place: Boys and Girls Club of East Aurora, 24 Paine Street

(or by mail: Aurora Arsenal Soccer Club, PO Box 132, East Aurora, NY 14052)
 (or ONLINE: <https://ssl.demosphere.com/73651/> after January 28th)

Registration Fee: (includes jersey, insurance, registration)

Junior League: Age (as of 8/1/12) 5-6yrs and 7-8yrs
Fee: \$50 prior to 2/15, \$75 after 2/15 (if there are openings)

Senior League: Age (as of 8/1/12) 9-10, 11-12, 13-15, 16-18
Fee: \$55 prior to 2/15, \$80 after 2/15 (if there are openings)

First time registrants MUST provide a copy of the player's birth certificate. Please do not bring us the original, only a copy.

Age Requirement: Players must be a minimum of five (5) years of age by August 1, 2012
Open to: Residents of the Town of Aurora or students of the East Aurora School District
Season: Saturday, May 5th - Saturday, June 30th (9 weeks, weather permitting)

NEW THIS YEAR - ONLINE REGISTRATION!! Beginning Saturday, January 28th, you will be able to register for House Soccer online and pay via credit card. No need for paper registration forms or mail! Go to <https://ssl.demosphere.com/73651/> to register online!

Questions? Contact Heidi Potenza - 652-4229 (Heididisco@msn.com) or visit our web page at www.auroraarsenal.org

2012 Aurora Arsenal Soccer House League Player Registration Form



Player Name: _____
 Street Address: _____
 Mailing Address: _____
 State: _____ Zip: _____ Telephone: _____ Male: _____ Female _____
 Birth date: ___/___/___ Primary email address _____

Registering for (age on 8/1/12):
Junior Divisions (\$50 prior to 2/15, \$75 after 2/15): 5-6 yr olds ___ 7-8 yr olds ___
Senior Divisions (\$55 prior to 2/15, \$80 after 2/15): 9-10 yr olds ___ 11-12 yr olds ___ 13-15 yr olds ___ 16-18 yr olds ___

Will your child be playing in the Aurora Baseball/Softball league? Yes or No (please circle)
 If yes, what weeknights will they play on (circle all that apply)? M T W Th F Other conflicts?: M T W Th F

Fathers Name: _____ Day phone: _____
 I will volunteer to (please circle): Head Coach Asst. Coach Field Prep Other

Mothers Name: _____ Day phone: _____
 I will volunteer to (please circle): Head Coach Asst. Coach Field Prep Other

Those volunteering to for Head or Asst. Coach, please indicate the days you are available or plan to practice.
 Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

List any medical problems or restrictions the player has: _____

 Person to notify in an emergency: _____ phone: _____
 Doctor to notify in an emergency: _____ phone: _____

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 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 life, limb or well-being of my dependent, the Player.

Parent/Guardian Name (print): _____ Signature: _____ Date: _____

Club use only: Payment Received: \$ _____ Date: ___/___/___ Cash: ___ or Check # _____ Note: _____