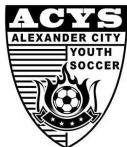
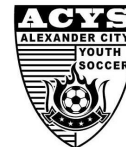


ALEXANDER CITY YOUTH SOCCER



President: Joey Ward
Alexander City Park and Recreation
Phone: (256) 537-4888
Website: www.alexcitysoccer.com



REGISTRATION FORM

Child's name _____ M F Birth Date _____ Age _____ Grade _____

Address _____ City _____ Zip _____ Years of experience _____

Parent's name (mother) _____ Parent's name (father) _____

Cell / Home phone _____ Cell / Home phone _____

Parent email _____ Sibling(s) playing _____

Shirt Size **YXS** _____ **YS** _____ **YM** _____ **YL** _____ **AS** _____ **AM** _____ **AL** _____ **AXL** _____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:
Name Phone Relationship

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____

Policy number: _____

FAMILY DOCTOR: _____

Address: _____

Phone: _____

HEALTH RECORD

Operations, serious injuries, diseases, restrictions on physical activity:

Give name and purpose of medication

taken: _____

Liability Waiver

I/We the parents/legal guardian of the above named child/participant do hereby release the City of Alexander City, its employees, successors, agents, attorneys, and all other persons, corporations, or insurance companies liable or who might be claimed to liable, hereinafter referred to as City from any and all claims, demands, injuries, or damages, resulting from any accident which may occur as a result of participation in the aquatic and/or land exercises, any youth and/or adult programs. My child has the ability to participate in these programs with the understanding that he/she may be limited. I hereby agree that if physically or mentally necessary, I will have someone with him/her to aid in their care during the classes or programs. This aide shall be designated by me and shall not be an employee or agent of the City of Alexander City.

Emergency Medical Care Authorization

In case of emergency and parents/legal guardian and/or family physician cannot be contacted, I authorize league officials/coaches to transport my child to a hospital/medical facility and give permission for said hospital/medical facility to give my child emergency care treatment. I hereby accept financial responsibility for such treatment.

Photo Release Authorization

I hereby give my consent for Alexander City Youth Soccer to take photographs of me and the above mentioned minor and/or use my photograph and/or likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the above mentioned minor and myself and attest that I am the parent or legal guardian of the child listed above.

Behavior

I will be responsible for the behavior of my child. He/she will treat players, coaches & officials with respect.

I also understand that I can be asked to leave the park if I am acting in an unsportsman like way. This could also lead to a one year suspension if determined by the ACPR Director.

ACYS Board use only –	Paid Amount _____
Check# _____	
Cash _____	

Signature of Parent/Guardian _____ **Date** _____