



AYSO Region 84 EXTRA Play Fall 2020 Player Application

Player Information:

Name: _____

Date of Birth: _____

Position: _____

Division Age Ranges:

| | |
|-------------------------|-------------------------|
| 09U - Birthdate in 2012 | 10U – Birthdate in 2011 |
| 11U - Birthdate in 2010 | 12U – Birthdate in 2009 |
| 13U - Birthdate in 2008 | |

Playing Experience:

Year: ____ Description: _____

Year: ____ Description: _____

Year: ____ Description: _____

Select Gender and Division Applying for:

| | <i>09U</i> | <i>10U</i> | <i>11U</i> | <i>12U</i> | <i>13U</i> |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Boy's</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Girl's</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Parent Information:

Name: _____

Phone #: _____

Email: _____

IMPORTANT

I, the parent/guardian of the above mentioned player, a minor, agree that the player and I will abide by the rules of AYSO, its affiliated organizations and sponsors, specifically Region 84. Recognizing the possibility of physical injury associated with soccer and in consideration for the AYSO Region 84 EXTRA Play team accepting the player for team tryouts, I hereby release, discharge and/or otherwise indemnify the AYSO, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities, utilized for the tryouts, against any claim by or on behalf of the player as result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize.

Name: _____ Signature: _____ Date: _____

Parent/legal Guardian – Print

CONSENT FOR MEDICAL TREATMENT OF A MINOR

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 Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name: _____ Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Players that are invited and accept a position on an EXTRA Play roster will be expected to sign, with parent/guardian, an EXTRA Play Commitment and Obligation document. Those players that do not make an EXTRA Play roster will be continue to be registered for the regular Fall 2020 AYSO season in Region 84.