



# AYSO Region 84 EXTRA Play Fall 2021 Player Application

## Player Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_

### *Division Age Ranges:*

09U - Birthdate in 2013	10U – Birthdate in 2012
11U - Birthdate in 2011	12U – Birthdate in 2010
13U - Birthdate in 2009	14U – Birthdate in 2008

## Playing Experience:

Year: \_\_\_\_ Description: \_\_\_\_\_

Year: \_\_\_\_ Description: \_\_\_\_\_

Year: \_\_\_\_ Description: \_\_\_\_\_

### Select Gender and Division Applying for:

	09U	10U	11U	12U	13U	14U
Boy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girl's	<input type="checkbox"/>	<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 2021 AYSO season in Region 84.*