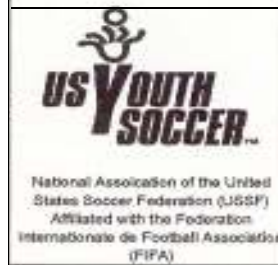


US Youth Soccer Membership Form

OHIO YOUTH SOCCER ASSOCIATION – NORTH

League Name Austintown Junior Soccer League (AJSL)
 Location P.O. Box 4303, Austintown OH 44515

2010 League Age Brackets	
Age	Birth date Between
U6	8/1/04 to 7/31/06
U7	8/1/03 to 7/31/04
U8	8/1/02 to 7/31/03
U9	8/1/01 to 7/31/02
U10	8/1/00 to 7/31/01
U11	8/1/99 to 7/31/00
U13	8/1/97 to 7/31/99
U15	8/1/95 to 7/31/97
U18	8/1/92 to 7/31/95



Please print name as you would like it to be printed on Trophy.

Last Name _____ First Name _____ Mothers Birthdate _____ Month Date (required) _____
 Address _____ City _____
 State _____ Zip Code _____ Telephone Number _____ Month _____ Day _____ Year _____ Current Age _____ Male=M Female=F YES NO Returning Player
 Email(required) _____ **HAS PLAYER PLAYED ON A TRAVEL OR CLUB TEAM IN THE LAST 2 YEARS? YES NO**
SIBLING IN SAME AGE BRACKET? YES NO Do you want to be contacted for competitive fall league? YES NO

Fathers Name _____ Occupation _____ Bus. Phone _____
 Mothers Name _____ Occupation _____ Bus. Phone _____
 List any medical problem or prohibition player has _____
 Person to notify in emergency _____ Telephone _____
 Doctor to notify in emergency _____ Telephone _____
 Number of prior Seasons played _____ Last Team _____ Last League _____ Year of Last Season _____
 Youth S M L Adult S M L XL
 Shirts:
Please check samples when registering, uniform shirt sizes run small. Replacements made at parents expense.
 Other Children From Family Presently in League Age _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name _____
 Parent/Legal Guardian (please print)
 Signature _____ Date _____

LEAGUE USE ONLY

Age Bracket _____
 Birth date Verified _____
 Registration Received:
 Head Coach _____
 Asst. Coach _____
 Sponsor _____
 Registration Fee:
 Player Fee -\$65 \$ _____
 1 Sibling -\$35 \$ _____
 Total \$100.00 \$ _____
 2nd Sibling -\$25 \$ _____
 Total \$125.00 \$ _____
 Cash _____ Check # _____
 Payment recorded on Siblings _____
 Sibling in Same Age Bracket: _____

<u>Name</u>	<u>M</u>	<u>F</u>

Registration received by: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

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

Signature of Parent or Guardian _____
 X _____ Telephone: Home _____
 Address _____ Bus. _____
 City _____ State _____ Zip _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check areas(s) in which you would be willing to help.

Coach Board Member Sponsor
 Asst. Coach Referee Other _____
 Field Preparation Concessions