



## Non-AYSO Registered Participant Form Use Instructions

***ONLY for use for one-time youth soccer-playing opportunities in events hosted by AYSO entities which have appropriate Executive Member sanctioning.***

**Examples of covered events:** Approved AYSO pilot program tryouts, one-day open soccerfests (including National Games), AYSO Skills Challenge, VIP Funfests or similar limited events.

**Example of non-covered events:** Typical AYSO tournaments.

### PROCEDURES

#### 1) Region/Area/Section level

- a) Prior to the event starting (before registrant participates)
  - i) Have parent/guardian of each non-AYSO registered participant complete and sign the form, or
  - ii) Have each non-AYSO registered 18-year-old complete and sign
- b) Collect forms and local participation fee (*can be charged to the individual player or R/A/S can decide to pay the fee from their budget*)
- c) At the end of the event
  - i) Send the original form for each player to AYSO within 7 (seven) days of the event:

*AYSO, 19750 S Vermont Avenue, Suite 200, Torrance, CA 90502*  
*Attn: Risk Management, Non-AYSO Player forms*
  - ii) Enclose each player form plus \$5 fee per player by Region/Area/Section check made payable to AYSO

#### 2) If player chooses to join a Region for a Membership Year

- a) Parents must complete full Player Registration form for minor through Sports Connect, or
- b) 18-year-old must complete full Player Registration for self through Sports Connect;

#### 3) ***Questions/concerns can be directed to [programs@ayso.org](mailto:programs@ayso.org)***



# Non-AYSO Registered Participants Form

www.ayso.org

FOR AYSO USE ONLY (REQUIRED)		
Section	Area	Region

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED

Player							
First Name	M. I.	Last Name	Suffix	Area Code	Telephone		
Nickname	Street Address			City	State	Zip Code	
Mailing Address (if different from Street address)				City	State	Zip Code	
Emergency Contact (other than parent)	Area Code	Emergency Telephone	Physician Name		Area Code	Physician Telephone	
Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate	Age	Height	Weight	Medical Insurance Carrier, Policy #		

Parent/Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian								
First Name	Middle Initial	Last Name			Area Code	Cell Phone		
Address (if different from Player)			City	State	Zip Code	Area Code	Home Telephone	

Parent/Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian								
First Name	Middle Initial	Last Name			Area Code	Cell Phone		
Address (if different from Player)			City	State	Zip Code	Area Code	Home Telephone	

## Parental Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

**EMERGENCY AUTHORIZATION:** I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this application, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements **IN CONSIDERATION** of Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment. **(continued on reverse side)**

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 18 Year Old Player Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

I, on behalf of myself, my heirs, assigns and next of kin, hereby enter into the following agreements **IN CONSIDERATION** of my being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

**I, THE UNDERSIGNED PLAYER, HAVE READ THE ABOVE REFERENCED DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

Player (18 Years Old) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOB Verification	Check Number	Fee Charged	Amount Paid

## Disclaimer, Assumption of Risk and Waiver and Consent Agreements

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.** I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the Regional Commissioner as soon as possible thereafter.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at [http://www.ayso.org/resources/insurance/insurance\\_forms.aspx](http://www.ayso.org/resources/insurance/insurance_forms.aspx), as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at [http://www.ayso.org/resources/legal/privacy\\_policy.aspx](http://www.ayso.org/resources/legal/privacy_policy.aspx), as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

**(Please signify your agreement with the foregoing by initialing below and signing in the space indicated on the reverse side of this form.)**

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**(Parent, Guardian or 18 year old Player Initials)**



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Emergency Contact (other than parent)	Area Code	Emergency Telephone	Physician Name		Area Code	Physician Telephone	
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Address (if different from Player)			City	State	Zip Code	Area Code	Home Telephone

Parent/Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian							
First Name	Middle Initial	Last Name			Area Code	Cell Phone	
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Player (18 Years Old) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOB Verification	Check Number	Fee Charged	Amount Paid

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