

Ashland Youth Soccer Registration Form

For more information, or to register online (recommended), please visit AshlandYouthSoccer.org.

Participant Information

* First Name: (Used everywhere except rosters/official documents, can be a nickname)	
* Legal First Name: (Used on rosters and official documents)	
* Last Name:	
* Date of Birth:	
* Address:	
* Gender:	
* School:	
* Season (season registration is for):	Spring _____ Year _____ Fall _____ Year _____
* Grade player will be for that season:	

Parent/Guardian #1 Information

* First Name:	
* Legal First Name:	
* Last Name:	
* Home Phone #:	
* Mobile Phone #:	
* Email Address:	
* Address:	

Parent/Guardian #2 Information

* First Name:	
* Legal First Name:	
* Last Name:	
* Home Phone #:	
* Mobile Phone #:	
* Email Address:	
* Address:	

Medical Information

Name of Insurance Provider	
Insurance Policy Number	
Allergies	
Other Medical Problems	

Emergency Information

* Name of Emergency Contact	
* Emergency Contact's Telephone Number	
Name of Physician	
Physician's Telephone Number	

* Liability Waiver:

I, _____, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Ashland Youth Soccer, their affiliated organizations and sponsors ('Club'):

(1) I desire to have the registrant participate in the Soccer ('Sport') programs and activities, including indoor/outdoor play, practices, clinics and matches ('Programs') offered by said 'Club'. Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my child as a player in the soccer programs and activities of US Youth Soccer and its members (the 'Programs'), I consent to my child participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of my child's participation in the Programs, including being transported to or from the Programs. I hereby authorize the transportation of my child to or from the Programs.

(2) My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice attached to this release setting forth any specific issue, condition, or ailment that my child has that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and treatment.

(3) When necessary, I understand that an uploaded or provided photo will only be used for

printing on a credential (i.e. ID, Pass Card, Roster) and will not be used for any other purposes without express consent.

(4) My child and my child's parents and guardians will abide by the rules, policies, procedures and protocols as provided by US Youth Soccer and members of US Youth Soccer, including Massachusetts Youth Soccer and all affiliated member organizations.

(5) I understand and give permission for my child to participate in practices and games where they may be on the field with players of younger or older ages. I understand and accept there may be risks involved when playing with players of different ages. I am aware that if I do not accept such risks I may remove my child from the field.

I have read this release and waiver of liability and fully understand its terms. I understand that I waive substantial rights by electronically signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I electronically sign this release form freely of our own free will.

** You must agree to this waiver in order for your child to participate.*

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

*** Medical Permission/Waiver:**

As parent or legal guardian of the minor named on this form, I, _____, hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in Ashland Youth Soccer-related activities. This care may be given under whatever conditions are necessary to preserve life, limb or the well-being of a minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

*** You must agree to the medical permission waiver in order for your child to participate.**

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

Code of Conduct:

As a requirement to register a child to participate in any Ashland Youth Soccer program I agree that:

- 1. I will remember that children participate to have fun and that the game is for youth, not adults.*
- 2. I will learn the rules of the game and the policies of the organization.*
- 3. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game and practice.*
- 4. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.*
- 5. I (and my guests) will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.*
- 6. No one, except the players, is to speak to the referee during or after the game. Exceptions: Coaches may ask questions before the game, call for substitutions, and point out emergencies during the game, or respond to the referee if addressed. Absolutely no disputing calls, during or after the game, no remarks to the referee to watch certain players or attend to rough play. NO YELLING at the referee, EVER, and no criticism, sarcasm, harassment, intimidation, or feedback of any kind during or after the game.*
- 7. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.*

By registering your child to participate in any Ashland Youth Soccer program you also agree that if you fail to abide by the aforementioned rules and guidelines, the parent/guardian will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or organization
- Written warning
- Game suspension
- Season suspension

* You must agree to the code of conduct waiver in order for your child to participate.

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

Cancellation Policy:

AYS will issue a 100% refund if you cancel BEFORE registration closes. AYS will issue a 50% refund if it is within 30 days after registration closes. After that point there are no refunds given. Please be advised that uniform costs are not refundable.

*I acknowledge that I have read and understand the Ashland Youth Soccer cancellation policy.

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

Concussions:

Dear Ashland Youth Soccer Parents and Players,

As many of you are already aware, concussions are a serious issue for youth athletes. The impact of a concussion on a young player goes well beyond the athletic field. As a consequence, AYS has been working with the Ashland Board of Health to develop a program to increase awareness of concussions and reduce the risk to our children.

In accordance with the Town of Ashland's Code on Head Injuries and Concussions in Youth Athletic Activities, we are requiring that all parents and athletes 10 years and older, review the concussion information on the links below. After the information has been reviewed please confirm that you and your child (if age 10 or older) have reviewed the material.

Below you will find links to view this important information and then you will be asked to certify that you and your children have read it. In accordance with this new code, only players (ages 10 & older) who have read this information will be allowed to use the fields in Ashland.

You will find information for parents and players in the links below. Please copy the link, open your browser and paste the link directly.

Concussion Information:

For Parents

http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_parent_athlete_info.pdf

For Athletes

http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_athletes.pdf

If you would like additional information please visit the following CDC website:

<http://www.cdc.gov/headsup/youthsports/index.html>

As always, please do not hesitate to contact me with any questions or concerns.

* Please enter the full name of the parent who will read the concussion information with the child. _____

* I certify that I and my children enrolled in Ashland Youth Soccer (10 years and older) have reviewed the concussion information as referenced.

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

Thank you,

Ben Dunn
AYS President

Please make check or money order payable to Ashland Youth Soccer.

Registrations and payments should be mailed to:

Ashland Youth Soccer
P.O. Box 485
Ashland, MA 01721

Late registrations will be placed on a waiting list and are not guaranteed a spot on a team.
If you have any questions, please send an email to aysregistrar@gmail.com