



AURORA SOCCER ASSOCIATION ANNOUNCES



FALL 2010 SOCCER SIGN-UPS

It is time once again to register for Fall Soccer. Soccer is open to any child or youth that will be at least 4 years old and is no older than 13 years of age by July 31, 2010. Games for the 4 and 5 year olds are played on a week day evening. All other age groups play their games on weekends. Practice times and locations are held at the discretion of the coaches. The soccer season is usually from mid-August through the first of November.

Cost for registration is \$50 per child. Check or Money Order preferred.

The first walk-in registration will be Thursday, April 1, 2010 from 6:00 to 8:00 p.m. at the Aurora Firehouse located at the corner of US 50 and Dutch Hollow and a second walk-in will be held on May 6, 2010 from 6:00 to 8:00 p.m. There will be members of the Aurora Soccer Association present to answer any questions you may have. Sample uniforms will also be available at the walk-in registrations to ensure your child is provided the properly-sized uniform.

If you cannot attend either of the walk-in registrations, please mail completed forms with check or money order to: Aurora SAY Soccer, PO Box 325, Aurora, IN 47001.

Registrations received after May 31st will be placed on a waiting list and these players will be placed on teams only if openings become available.

WE MUST HAVE A BIRTH CERTIFICATE ON FILE FOR SISAY SOCCER. IF YOU HAVE NOT ALREADY DONE SO, PLEASE MAIL OR BRING A COPY OF YOUR CHILD'S BIRTH CERTIFICATE WITH YOU TO REGISTRATION.

If you have any questions, please contact one of our officers.

2010 Aurora Soccer Officers:

President	Brian Rose	926-6270
Vice-President	Bob Weissmann	926-5699
Secretary	Michelle Fentress	
Treasurer	Norma Scott	

AURORA SOCCER ASSOCIATION REGISTRATION FORM - FALL 2010
PO Box 325 Aurora, IN 47001 **Deadline May 31st.** **Fee: \$50**

Player Information	
Last Name:	Home Phone Number: ()
First Name:	Cell Phone Number: ()
Date of Birth:	Shirt Size (circle one): YS YM YL AS AM AL
Gender:	Short Size (circle one): YS YM YL AS AM AL
Address:	E-Mail Address:
City:	Has he/she played organized soccer before (circle one)? Yes or No
State, Zip:	School Attending in Fall of 2010:

Parent Information (Provide information for at least one parent/guardian. Leave blank any information that is the same as above)	
Relationship to Child (circle one): Mother Father Guardian	Relationship to Child (circle one): Mother Father Guardian
Last Name:	Last Name:
First Name:	First Name:
Home Phone Number: ()	Home Phone Number: ()
Cell Phone Number: ()	Cell Phone Number: ()
Email Address:	Email Address:
Volunteer Position (circle appropriate item(s)):	Volunteer Position (circle appropriate item(s)):
Head Coach Assistant Coach Team Parent Fundraiser Referee	Head Coach Assistant Coach Team Parent Fundraiser Referee

By registering your child with the Aurora Soccer Association, the parent/guardian accepts responsibility of providing transportation to and attendance at all practices and games. Failure to do so may limit your child's playing time at the discretion of his/her coach. Requests for specific practice times or locations cannot be honored because those items are in the control of the individual coaches.

Consent for Emergency Medical Treatment / Release From Liability	
As a Parent or Legal Guardian for the child listed above, I give permission for emergency medical treatment for my child for illness or accident if I cannot first be contacted. Person to notify. other than me, in case of emergency:	
Name: _____	Relationship: _____ Phone Number: _____
Does your child have allergies, require special medication or need any special medical treatment? oYes oNo	
If yes, please explain:	
I hereby agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY and I agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.	
Parent/Legal Guardian Signature _____	Date _____

DO NOT WRITE BELOW - SOCCER ORGANIZATION USE ONLY

Fee Paid \$ _____ oCash oCheck # _____ Received by: _____ Date _____ Birth Certificate: o Yes o No o On File
 Division: L BP BW BS BK GP GW GS GK