

AURORA SOCCER ASSOCIATION REGISTRATION FORM - FALL 2008
PO Box 325 Aurora, IN 47001 fee: \$40 by May1st, \$45 May 2-31st

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 2008:

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? <input type="radio"/> Yes <input type="radio"/> No	
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 \$ _____ Cash Check # _____ Received by: _____ Date _____ Birth Certificate: Yes No On File

Division: L BP BW BS BK GP GW GS GK

2008 SISAY BOARD OF DIRECTORS

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<u>Volunteer Screen</u>	Roy Leap 29 Clearview Drive Vevay, IN 47043 812-427-2956 royleap@embarqmail.com	Stephanie Nutley Becki Barga Stacy Halbig	Marilyn Yoe Brian Rose John Ascherman Barb Tibbs Larry Tibbs	Angela Rodgers Bob Siemer Lisa Fortner	Eric Eldridge Jeremy Brokaw Jason Wismann	Roy Leap 29 Clearview Drive Vevay, IN 47043 812-427-2956	Dan Puterbaugh Angel Poindexter Rick Lammering

Aurora Secretary

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