

AYSO Region 85
AYSO Extra (Formerly AYSO Plus)
Player Tryout Application

Division _____

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Name of Player _____ Email Address _____

Date of Birth _____ Age _____ Home Phone _____

Parent _____ Work Phone _____ Parent _____ Work Phone _____

Home Address _____

Number of years playing soccer _____ Favorite Position _____

Position Experience (circle where appropriate): Defense Midfield Forward Keeper

Other Fall activities (club soccer, winter baseball, theater, etc): _____

I understand that I cannot play with any other AYSO soccer organization during the AYSO Extra season (August to December) and that I am not guaranteed a position on a Region 85 Extra team. With my signature, I understand that CYSA and any other Club soccer players are not eligible to play in the Extra program, and an audit of players making an Extra team will be conducted to insure compliance.

Player signature _____

Important

I, the parent or guardian of the above-mentioned player, a minor, agree that the player and I will abide by the rules of AYSO and specifically AYSO Region 85. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify AYSO Region 85, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for tryouts, against any claim by or on behalf of the player as a result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize. With my signature, I understand that CYSA and any other Club soccer players are not eligible to play in the Extra program, and an audit of players making an Extra team will be conducted to insure compliance.

Name of Parent/Legal Guardian (please print) _____

Signature _____ Date _____

Consent for Medical Treatment (Minor)

As the parent/legal guardian of the above-mentioned 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 life, limb or well-being of my dependent.

Parent/Legal Guardian _____ Players Name _____ Home Phone _____

Address _____ Work/Cell Phone _____

Emergency Contact _____ Phone _____