

# Abington Youth Soccer ..... Player Registration for Fall 2018

*(use this form if you are unable to complete the online registration which requires payment by credit card or e-check)*

## PLAYER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ School Grade Fall 2018 \_\_\_\_\_

School Attending Fall 2018 \_\_\_\_\_

Have you ever played on a travel soccer team ? Y or N \_\_\_\_ Do you presently play on a travel soccer team ? Y or N

Has your player had a concussion within the last 12 months ? Y \_\_\_\_ N \_\_\_\_

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## FAMILY INFORMATION

(Parent/Guardian #1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Relationship to Player \_\_\_\_\_ Volunteer COACH \_\_\_\_ ASST COACH \_\_\_\_

(Parent/Guardian #2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Relationship to Player \_\_\_\_\_ Volunteer COACH \_\_\_\_ ASST COACH \_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Conditions/Problems \_\_\_\_\_

## CONCUSSION INFORMATION

Has your player ever had a concussion: Yes \_\_\_\_ No \_\_\_\_ If yes, How many concussions has your player had: \_\_\_\_

Please read this important document:

•EPYSA Policy on Concussion Procedure and Protocol –

<http://www.youthleaguesusa.com/epys/18-19/ConcussionPolicy.pdf>

I/WE HAVE READ THE linked form and answered questions regarding concussion above. I understand the EPYSA Concussion Policy is also Abington Youth Soccer's Concussion Policy. All AYS Head Coaches and Assistant Coaches must take a concussion intervention course annually. In the event that a Abington Youth Soccer suspects my player may have a concussion, as the parent/guardian, I agree to comply with the steps outlined in this Concussion Policy. My electronic signature indicates my agreement with the statements set forth above and my consent to be bound. \*Please enter your First and Last Name: s/

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## COMMUNICATION INFORMATION

Please provide an email address of an adult or responsible older child who will check for messages during the season. This is our preferred contact method for information going out to players and families. **PLEASE PRINT CLEARLY**

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Beyond a primary or alternate email address, you may choose to use the following entry as a cell phone text message. This format can be useful when a game is canceled close to game time. (Although most text messages are delivered promptly, most cell phone carriers do not guarantee timely delivery of cell phone text messages and are limited to approximately the first 160 characters.) Enter your 10-digit cell phone number in the box below and select your cell phone provider.

Cell Phone Number: (for text messages only)

(10-digit number. Numbers only, no additional characters)

Circle your Cell Phone Provider: Alltel AT&T Boost Mobile Sprint Nextel T-Mobile U.S. Cellular Verizon Virgin Mobile

NOTE: These email "text messages" will count against your personal text message count.

## DONATIONS

Abington Youth Soccer appreciates any donations you may wish to make in order to help with the planned resurfacing of the middle field at the State Hospital. Donations will also help provide scholarships for those who may otherwise be unable to play. Thank you!

If you wish to make a donation, please check one below and add to your registration payment.

**\$5.00** \_\_\_\_\_ **\$10.00** \_\_\_\_\_ **\$25.00** \_\_\_\_\_ **\$50.00** \_\_\_\_\_ **\$100.00** \_\_\_\_\_ **Other (amount)** \_\_\_\_\_

## IMPORTANT POLICY INFORMATION

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that the registrant and I will abide by the rules of the EPYSA, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize.

We, the registrant and parents/guardians agree to abide by all Abington Youth Soccer (AYS) rules and policies and recognize that the youth players in AYS are plying to have fun. We can help them derive many benefits from their participation by being a role model of positive encouragement and good sportsmanship.

We any any guests that we bring further agree to be respectful towards teammates, opponents, spectators, coaches, referees and administrators and to conduct ourselves with honor, dignity and self-control. This includes refraining from any vulgar, lewd, obscene, or abusive language, including yelling any criticism at the referees, coaches or players while watching any team event.

We support the fundamental mission of AYS to provide fun, friendship, fitness and fairness in all activities and agree to remain positive at activities and applaud the good play and effort of all players or to be quiet at games.

We also understand that pets, alcohol, tobacco products of any kind, illegal drugs and firearms are not permitted at the fields for any AYS games, practices or activities.

We understand that parents, guardians and spectators who do not abide by these expectations may be required to leave the field by the referee, coach or any board member of AYS.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fee is \$ 55.00 per player (For families with more than three (3) players, the registration fee is waived after three players)**

If you are making a donation, please add amount to this payment.

**Please make the check payable to AYS and mail with registration forms to:**

Jim Hatton 1616 Davinci Lane Clarks Summit PA 18411