

# AJAC REGISTRATION FORM

<b>1.</b>	<b>Organization Name:</b>	AJAC		
<b>2.</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	
	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	<b>Phone:</b>	<b>Age Group</b>	<b>DOB:</b>	
	<b>Cell Phone:</b>	<b>Email:</b>		
	<b>Mothers Name:</b>	<b>Fathers Name:</b>		
	<b>Occupation:</b>	<b>Occupation:</b>		
	<b>Business Phone:</b>	<b>Business Phone:</b>		
	<b>Medical Problems:</b>			
	<b>Person to notify in case of Emergency:</b>			<b>Phone:</b>
	<b>Doctor to notify in case of Emergency:</b>			<b>Phone:</b>
<b>3.</b>	<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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 the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.</p>			
	NAME: _____			
	SIGNATURE: _____			
<b>4.</b>	<b>CONSENT FOR MEDICAL TREATMENT (Minor)</b>			
	<p>As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.</p>			
	NAME: _____			
	SIGNATURE: _____			
	ADDRESS: _____			
	CITY: _____	STATE: _____	ZIP CODE: _____	

NEED BIRTH CERTIFICATE \_\_\_\_\_

RECEIVED \_\_\_\_\_

