



2018 SPRING REGISTRATION

Spring 2018 registration is Dec 1 through Jan 21st, 2018. ASC reserves the right to decline an application. No registrations will be accepted after Jan 21st, 2018, unless players are needed to complete rosters. Refunds will not be issued after Jan 21st, 2018, unless we are unable to place the player on a team. For registration questions, send an e-mail to aysa.registrar@altoonasoccer.net

Each player must complete a registration form. *The registration fee includes ISA registration, medical insurance, referee fees, player cards, field maintenance and equipment, a t-shirt for games for U6 and U8 players, and participation in eight games.* Uniforms for players U10 and above are not included in the registration fee. Uniform ordering information can be accessed through our website. Players must wear ASC approved uniforms only.

ASC will be implementing a \$20 per season per player volunteer fee. This fee will be returned to all members who volunteer at least 2 hours of time during each season their child plays. The link for volunteer sign up can be accessed through our website. This fee has been added to the registration fees below.

PLAYER'S INFORMATION: (All U10 and above players must attach a picture on page 2. Players who have not played for ASC in previous seasons must include a birth certificate, as well)

Last name: _____ First name: _____

Player's birth date: _____ Player's age on 12/31/2017: _____

Sex: Male Female Played with ASC before? Yes No

Address: _____

City, Zip Code: _____

MEDICAL INFORMATION:

Emergency Contact: _____ Phone: (____) _____

Physician: _____ Phone: (____) _____

Hospital: _____ Phone: (____) _____

Previous Illness/Injury ____ Concussions ____ Diabetes ____ Asthma ____ Allergies ____

Epilepsy ____ Seizures/Convulsions ____ Other medical information to disclose: _____

CONSENT FOR MEDICAL TREATMENT AND IOWA SOCCER ASSOCIATION RELEASE:

As the parent or legal guardian of the player named on the registration, I hereby give my 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 the life, limb or wellbeing of my dependent. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Iowa Soccer Association (ISA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for ISA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify ISA, its affiliated organizations and sponsors, their employees and associate 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 the registrant's participation in the Programs and/or being transported to or from same, which transportation I hereby authorize.

LEARN MORE ABOUT AYSA AT WWW.ALTOONASOCCER.NET

MOTHER'S INFORMATION (OR LEGAL GUARDIAN):

Name: _____
 Mother's birthdate (for player ID, need month/day only): _____
 Cell Phone Number: () _____
 E-mail address: _____

FATHER'S INFORMATION (OR LEGAL GUARDIAN):

Name: _____
 Cell Phone Number: () _____
 E-mail address: _____



RECREATION:

Division	Birth Year	Division	T-Shirt Size (U6&U8 only)	Registration Fees	Subtotal
<input type="checkbox"/> U6	2012/2013	U6 is all coed	Please circle: YS, YM, YL, AS, AM	\$75	\$ _____
<input type="checkbox"/> U8	2010/2011	<input type="checkbox"/> Girls <input type="checkbox"/> Coed		\$95	\$ _____
<input type="checkbox"/> U10	2008/2009	<input type="checkbox"/> Girls <input type="checkbox"/> Coed		\$110	\$ _____
<input type="checkbox"/> U12	2006/2007	<input type="checkbox"/> Girls <input type="checkbox"/> Coed		\$130	\$ _____
<input type="checkbox"/> U14	2004/2005	<input type="checkbox"/> Girls <input type="checkbox"/> Coed		\$130	\$ _____
<input type="checkbox"/> U16	2002/2003	<input type="checkbox"/> Girls <input type="checkbox"/> Coed		\$130	\$ _____
<input type="checkbox"/> U19	1999/2000/2001	<input type="checkbox"/> Girls <input type="checkbox"/> Coed		\$130	\$ _____

ACADEMY:

<input type="checkbox"/> U9	2009	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$240	\$ _____
<input type="checkbox"/> U10	2008	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$240	\$ _____

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Make checks payable to ASC and mail to 212 11th Street NW, Altoona, IA 50009

VOLUNTEER TO BE A COACH: I want to volunteer to be a coach: Yes _____ No _____
 Name: _____ Cell Phone: () _____

Parent/Guardian Signature: _____ Date: _____

Office only: Date Paid _____ Amt. Pd. _____ Check # _____ Cash