



FALL 2010 REGISTRATION FORM OR register online at WWW.ANDOVERSOCCKER.ORG

- **Forms are due on June 25th for In-town/May 7th for Travel. Forms postmarked after these dates must include a \$30 late fee per form.**
- First Graders (U7s) and all players who are new to ASA must include a copy of player's birth certificate.
- Include **check payable** to "Andover Soccer Association" – forms without payment will not be processed.
- Mail to: **ASA-Fall 2010 Registration, P.O. Box 1014, Andover, MA 01810.**

PLAYER INFORMATION (PLEASE USE ONE FORM FOR EACH PLAYER)

LAST NAME _____ FIRST NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL* _____

(* Mandatory – will not be shared with outside groups)

GRADE IN FALL 2010 _____ SCHOOL _____ DATE OF BIRTH ____/____/____ SEX _____ (M or F)

MOTHER'S NAME _____ FATHER'S NAME _____

IN-TOWN: Program begins at Grade 1. Please check the appropriate grade for Fall 2010.

Fee of \$105: Grade 1 ("U7") Grade 2 ("U8")

Fee of \$115: Grade 3 ("U9") Grade 4 ("U10") Grade 5 ("U12") Grade 6 ("U12")

New this season! Registration fee includes uniform kit (numbered jersey, shorts, pair of socks). Please select size:

YS-5/6 YM-7/8 YL-10/12 AS-14/16 AM-18/20

TRAVEL: You must include a 1 ¼" X 1" ¼ photo and your uniform size regardless of whether you played travel before! Please check the appropriate age category.

Uniform Sizes (YL, AS, AM, AL, AXL): Shirt _____ Shorts _____

U12 Travel-\$150 - Born between 8/1/98 – 7/31/99 regardless of grade or if you were born after 7/31/99 and will be in the 6th grade in fall of 2010.

U13 Travel-\$150 - Born between 8/1/97 – 7/31/98 regardless of grade or if you were born after 7/31/98 and will be in the 7th grade in fall of 2010.

U14 Travel-\$150 - Born between 8/1/96 – 7/31/97 regardless of grade or if you were born after 7/31/97 and will be in the 8th grade in fall of 2010.

Optional: Please consider supporting the Andover Soccer Fields Development Fund with a contribution.

\$1 \$5 \$10 \$20 Other _____

VOLUNTEER POSITIONS: ASA is a volunteer organization. Please consider giving your time and support by signing up for any of the following Volunteer Positions.

Name of interested parent _____ D.O.B. ____/____/____

Coach Asst. Coach Age Group Coordinator Field Support (lining fields, nets, etc.)

SPECIAL NOTES

PROBLEM PRACTICE NIGHTS OR PHYSICAL LIMITATIONS ONLY. NO REQUESTS FOR SPECIFIC TEAMS/COACHES.

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 the 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 the same, which transportation I hereby authorize. As the Parent/guardian of the registrant, I hereby give my consent for emergency medical care by a duly licensed Doctor or 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/guardian signature: _____ **Date:** _____

Doctor to notify in emergency: _____ **Telephone:** _____