

**AYSO Region 84 Mission Viejo
EXTRA Play Fall 2011 Program
Player Application Form**



Player Information:

Player Name: _____
Home Phone #: _____
Date of Birth: _____

Select Gender and Division Applying for:

	U9	U10	U11	U12	U13	U14
GIRLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

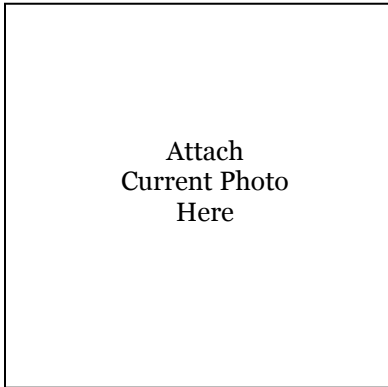
U9 Aug 1, 2002 – July 31, 2003
 U10 Aug 1, 2001 – July 31, 2002
 U11 Aug 1, 2000 – July 31, 2001
 U12 Aug 1, 1999 – July 31, 2000
 U13 Aug 1, 1998 – July 31, 1999
 U14 Aug 1, 1997 – July 31, 1998

Jersey #/Color:
(Reserved)

Playing Experience: (Circle one)

Year: _____ Region: _____ Div.: _____ Fall Spring Plus Club
 Year: _____ Region: _____ Div.: _____ Fall Spring Plus Club
 Year: _____ Region: _____ Div.: _____ Fall Spring Plus Club

Other Playing Experience:



Position Experience:

Defender Midfield Striker Keeper

Position Preference: _____

Parent Information:

Name: _____
 Address: _____ City: _____ Zip: _____
 Current Email Address (es): _____
 Home Phone #: _____ Cell #: _____

IMPORTANT

I, the parent/guardian of the above mentioned player, a minor, agree that the player and I will abide by the rules of AYSO, its affiliated organizations and sponsors, specifically Region 84. Recognizing the possibility or physical injury associated with soccer and in consideration for the AYSO Region 84 EXTRA Play team accepting the player for team tryouts, I hereby release, discharge and/or otherwise indemnify the AYSO, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities, utilized for the tryouts, against any claim by or on behalf of the player as result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize.

Name: _____ Signature: _____ Date: _____
 Parent/legal Guardian – Print

CONSENT FOR MEDICAL TREATMENT OF A MINOR

As the 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 Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Name: _____ Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Players that are invited and accept a position on an EXTRA Play roster will be expected to sign, with parent/guardian, an EXTRA Play Commitment and Obligation document. Those players that do not make an EXTRA Play roster will continue to be registered for the regular Fall 2011 AYSO season in Region 84.