



PLAYSOCCER[®] Region 372



FALL 2011 and SPRING 2012 REGISTRATION

Your local **AYSO Region 372** serves about 800 players every year, ranging in ages from 4 to 18, in the **Mundelein and surrounding communities**

INFORMATION – EVERYONE PLAYS

- **PLAYERS ENROLL FOR BOTH FALL 2011 AND SPRING 2012 SEASONS!** - Players will continue with the same team in Spring that they played with in the Fall. (Except High School Players)
- Players must be born on or between 8/1/1992 – 7/31/2007 & must be 4 years old by July 31, 2011
- **Refund Policy:** Anyone requesting a refund prior to the first Regional coaches meeting will receive a full refund less \$15.00. Anyone requesting a refund before the first scheduled game will receive a 50% refund. Refunds requested after the player's scheduled first game will be denied. All refund requests must be made by submitting written notification to the region at **AYSO Region 372, P.O. Box 783, Mundelein, IL. 60060** or to the Registrar's E-mail that can be obtained from the Region 372 web site at www.ayso372.org.

DIRECTIONS – BALANCED TEAMS

Fill out the Player Registration and Volunteer Application Online using www.eayso.org For directions go to our website at www.ayso372.org Print the online forms (this is preferred: the best way to ensure information is added correctly) or use attached forms and bring to our Walk-In or Mail-In Registrations, your child is not registered until you get us the forms.

- PLAYER REGISTRATION FORM (must be signed)**
- KIDS ZONE PLEDGE (must be signed)**
- VOLUNTEER COMMITMENT FORM (indicate your 3 preferences)**
- VOLUNTEER APPLICATION (copy of Drivers License or State ID for Verification)**
- PAYMENT by check (write phone number on check)**

OPEN REGISTRATION

Registration Fee covers both Fall '11, Spring '12 Seasons, Full uniform (Jersey, Shorts, Socks), nationally recognized coach & referee training, games, fields, practice equipment, individual trophies, insurance coverage.

Players and Volunteers can Pre-Register via the Internet at www.eayso.org Select Region 372

Player and Volunteer Registration

Walk-in Registration....May 5th at Lincoln School, 200 W. Maple Ave (RT 176)

Early Bird Registration – Fee \$110-Thursday, May 5th + Thursday, May 19th

Regular Registration – Fee \$135- date TBD

**Same fee as last year! FEE ENROLLS PLAYERS FOR
BOTH FALL 2011 AND SPRING 2012 SEASONS!**

Mail-In Registration.....

Mail to: AYSO Region 372, P.O. Box 783, Mundelein, IL 60060

Late Registration..... Postmark after Jun 15th

(Late players cannot be guaranteed team placement. Late registrants are placed on teams with openings on a 1st- come, 1st-serve basis, until rosters are filled, throughout the summer.)

POSITIVE COACHING & GOOD SPORTSMANSHIP

Volunteer Commitment: A volunteer is asked to donate 4 hrs. Per child registered, indicate your 3 preferences on the volunteer commitment form.

Mundelein Area AYSO Region 372
Proposed dates for the Fall 2011/Spring 2012 Season

Regional Registrar email registrar@ayso372.org

Referee Administrator email referee@ayso372.org

Coach Administrator email coach@ayso372.org

Commissioner email commissioner@ayso372.org

- **Player Notification** Deadline is August 15, 2010 email Coach Adm after this date if you have not heard from your child's coach.
- **Picture Day**, You will receive a picture day schedule from your child's coach. Team pictures are taken and you will also be able to have individual pictures taken for a fee.
- **First Scheduled Games of Fall** - September, 2011 Final Scheduled Games of Fall - November, 2011
- **First Scheduled Games of Spring** - April 2012 Final Scheduled Games of Spring - June, 2012
- **Team Practices** start 1-2 weeks prior to the first games of the season. U5 / U6 / U8 practices are included in the game day experience.
- **Practice Locations**, Days and Times (U10-U19) The practice fields are located throughout the community. Each parent is responsible for getting players to practice on time and picking them up on time. Practices are usually held once a week. Practices may be cancelled or rescheduled at the discretion of the coach.
- **Game Days** Games are to play according to the schedule distributed in advance. The game is considered to be "on" regardless of weather unless you are notified otherwise. The Region has sole authority in the matter.
- **Uniforms** You will receive a full uniform: Jersey, Shorts and Socks. For your child's safety, NO additional markings are to be added (names) or alterations are to be made to the uniforms. Such uniforms will be considered as lost, and a new jersey will need to be purchased at an additional cost. You will receive your uniform prior to the season. Shin Guards MUST be worn to practice and games Soccer shoes are optional but recommended.
- **Game Locations**
 - o VIP/ U5 / U6 / U8 (girls and boys) - Saturday Community Park
 - o U10 thru U19 (girls) - Saturday—LTSC
 - o U10 thru U12 (boys) - Sunday—LTSC
 - o U14 thru U19 (boys) - Sunday—LTSC

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- **Community Park** is located on Midlothian Road, north of Route 176. Fields 8A & B are located on the lower portion across from the Center Fields 6A-E & 7A-C are located on the upper hill further east- near Barefoot Bay.
- **Libertyville Township Soccer Complex** is located on Winchester Road, east of Route 45. Field numbers and locations change from time to time, map of the fields is located near the entrance. A concession stand is also on site, hours vary.
- **Cancellations** The hotline is updated as soon as information about cancellations is available. Also our website has a Game Cancellation Notification System if you would like to enter your email we will notify all when games are cancelled usually due to field conditions.
- **Make up Games** All cancelled games are discussed by the board. Coaches are notified in the event that games are rescheduled.
- **Volunteers** are always needed. To join the fun call the hotline, 847-949-6320, or go to www.ayso372.org for more information.
- **Jewelry** is NOT allowed to be worn at games or practices. This includes earrings. You are being given enough notice not to have your child's ears pierced during the season if they cannot be removed before game time. They will not be allowed to play with earrings under any circumstances. Rings, Watches, bracelets of any kind, hair attachments with metal or plastic, chains, medallions are NOT ALLOWED. The only exceptions are for medical or religious purposes – These must be covered and taped to the child. Players with casts or hard splints will not be allowed to play.
- **Games Schedules** Please arrive at the field at least 15 minutes before your scheduled start time. This gives coaches time to get teams warmed up, assess who is there and most importantly, get games started on time. Even a 5-minute delay makes it difficult to keep later games on schedule.
- **Coaches and Spectators** are to remain on separate sides of the fields. No one is allowed to be behind the goal lines. Player sharing between teams will occur when teams are short players. Our goal is that all children play regardless of jersey color. These actions should be supported by parents. Player sharing may also occur in the event of an uneven match.
- **Support players on both teams**, coaches and referees in a positive way. Our children learn from us by our actions. We are always looking for new volunteers to help teach your children the game.
- **Ball Sizes** U5—U8 Size 3, U10—U12 Size 4, U14—U19 Size 5 It is a good idea for each child to have a ball for use at practice and at home and for practice.
- **Playing Time** Each child is guaranteed to play at least 1/2 of the game time they are present for. Teams are structured so each child should play 3/4 of each game.
- **Parents Code of Conduct** In AYSO, boys and girls learn good sportsmanship and self discipline. They learn to work together as a team, to enjoy winning and to deal with defeat– all while becoming physically fit and healthy. Best of all– they have fun.
- As a parent, you have a special role in contributing to the needs and development of these youngsters. Through your encouragement and good examples, you can help insure the effectiveness of AYSO. Here's how:
- **Lightning** If lightning or thunder is observed or electronically detected play will be suspended. The signal to suspend play is one long blast on the air horn. Take Cover in a Metal Vehicle with windows up or Substantial Building. If shelter is not available, crouch down, avoid high ground and other people. Avoid Water, Gazebos, Picnic Shelters, Metal Objects (flag poles, fences, goal posts, and light poles) and Trees. Avoid telephone and appliance usage. The decision to resume play will be made by the Head Official. Two long blasts of the air horn shall indicate the decision to resume play.

VOLUNTEER COMMITMENT FORM

VOLUNTEER POLICY: A volunteer is asked to donate 4 hrs. per child registered

Volunteer's Name: _____ Phone: _____

Volunteer's Email: _____ Cell Phone: _____

Address: _____ City: _____

1st Player's Name: _____ Girl or Boy - Birth Date: _____

2nd Player's Name: _____ Girl or Boy - Birth Date: _____

3rd Player's Name: _____ Girl or Boy - Birth Date: _____

GENERAL INSTRUCTIONS:

- **INDICATE (3) three volunteer choices (numbering choices 1 through 3) in the left column.**
- **VOLUNTEER SEASONS run Fall (August – November) and Spring (April – June)**

TEAMS:

For choices 1 and 6 - Mandatory Volunteer Application must be filled out with the player registration (every year). Assignments are **not** done on a first-come, first-served basis, but on availability of teams, experience, etc. in your child's age. If you are assigned a team, you're notified by Aug. 1st of your team assignment, and notification of **mandatory Safe Haven and Volunteer Specific Training**.

___ (1.) **REFEREE or Assistant Referee** (Circle) for this child's team

___ (2.) **HEAD COACH**for this child's team

___ (3.) **ASSIST COACH** . . .for this child's team

___ (4.) **TEAM PARENT** . . . for this child's team

___ (5.) **DIVISION COORDINATOR**. for this child's age group

___ (6.) **Interest in being on the AYSO Board?** Email commissioner@ayso372.org

Choices 7-11 Assignments are made on a 1st -come, 1st -served basis.

___ (7.) **FIELD JOBS** ___ BEGINNING of SEASON SET-UP ___ FIELD SET-UP or FIELD TAKE-DOWN

___ (8.) **HELP @** ___Registration ___Picture Days ___ Coach/Referee Training

___ (9.) CLERICAL GENERAL OFFICE/DATA ENTRY PHONE CALLING PHONE CALLING ERRANDS

___ (10.) In lieu of volunteering, special expertise? i.e.: in Referee, Player Training, Or your Company's service:

Describe: _____

___ (11.) **SPONSORING A TEAM – Sponsor Name:** _____

1st choice Team/Players Name: _____ 2nd choice: _____

___Gold Level \$150 ___ Silver Level \$100 ___Bronze Level \$50 Check Number _____



Kids Zone Pledge

1. I pledge to be on time or early when dropping off my child for a practice or game. I understand that it is embarrassing for my child to be late to a game or practice and that I am putting him/her at physical risk by not providing adequate time for warm up. I understand the importance of picking up my child on time for all games and practices. This shows respect for the coach, who has other time commitments, and it tells my child that he or she is my top priority. _____
2. I understand that the top three reasons kids play sports are to have fun, make new friends and learn new skills. I understand that the game is for the kids, and that I will encourage my child to have fun and keep sport in its proper perspective. I understand that athletes do their best when they are emotionally healthy, so I will be positive and supportive. _____
3. I will redefine what it is to be a “Winner” in my conversations with my child. A Winner is someone who makes maximum effort, continues to learn and improve, and does not let mistakes, or fear of making mistakes, stop them. I understand that mistakes are an inevitable part of any game and that people learn from their mistakes. I understand that all children are born with different abilities and that the true measure is not how my child compares to others but how he/she is doing in comparison to his/her best self. _____
4. I will “Honor the Game.” I understand the importance of setting a good example of sportsmanship to my child. No matter what others may do, I will show respect for all involved in the game including coaches, players, opponents, opposing fans, and referees. I understand that officials, coaches, and players make mistakes. If the referee makes a “questionable” call, I will continue to respect the individual and be silent! _____
5. I understand that games can be exciting times for my child who is trying to deal with the fast-paced action of the game, respond to opponents, referees, teammates and listen to coaches. I will not add confusion by yelling out instructions. During the game, I will limit my comments to encouraging my child and other players for both teams. _____
6. I will not make negative comments about the game, coaches, referees or teammates in my child's presence. I understand that this plants a seed, which can negatively influence my child's motivation and overall experience. _____

I agree to honor the AYSO Parent Pledge in my words and actions.

Parent Signature

Print Child's Name



AYSO ID#: _____

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED. PRESS HARD. YOU ARE MAKING FOUR COPIES

Region Number	Division	Check If a VIP Player <input type="checkbox"/>	Loc. Code
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Player

First Name		Middle Name		Last Name		Suffix	Area Code	Telephone
Nickname	Street Address			City		State	Zip Code	
Mailing Address (if different from Street address)				City		State	Zip Code	
Emergency Contact (other than parent)			Area Code	Emergency Telephone		Physician Name		Area Code Physician Telephone
Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate		Age	School Name		Family e-mail address		
Medical Insurance Carrier, Policy #			Siblings to play with:		Current injuries or minor physical limitations or other medical condition the coach should know about:			
Yrs of Experience	Height	Weight						

Region Specific Message:

Parent/Guardian #1 Father Mother Guardian

First Name		Middle Name		Last Name			
Address (if different from Player)			City		State	Zip Code	e-mail address
Employer	Area Code	Business/Cellular Telephone		Area Code	Home Telephone		AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other: _____

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

Parent/Guardian #2 Father Mother Guardian

First Name		Middle Name		Last Name			
Address (if different from Player)			City		State	Zip Code	e-mail address
Employer	Area Code	Business/Cellular Telephone		Area Code	Home Telephone		AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other: _____

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment. **(continued on reverse side)**

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent/Guardian Signature: _____ Date: _____

The AYSO Endowment Fund: The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to endowment@ayso.org.

"PLAYSOCCER", AYSO's quarterly magazine is sent to every household. By e-mail and regular mail, AYSO sends other publications, information and special offers we think will be of interest to our members. If, for some reason, you do not wish to receive these other communications, please check this box.

DOB Verification	Check Number	Fee Charged	Amount Paid

Disclaimer, Assumption of Risk and Waiver and Consent Agreements

I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this application, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements **IN CONSIDERATION OF** Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.** I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the Regional Commissioner as soon as possible thereafter.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at http://www.ayso.org/resources/insurance/insurance_forms.aspx, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at http://www.ayso.org/resources/legal/privacy_policy.aspx, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

(Please signify your agreement with the foregoing by signing in the space indicated on the reverse side of this form.)



AYSO ID#: _____

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED

Legal First Name		Full Middle Name		AKA/Nickname		Last Name		Suffix			
Maiden Name (if married within the past 7 yrs.)			Social Security #			Birth Date		Section	Area	Region	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License #		State	Expires		OR		State ID #		State	Expires
Street Address				Apt/Unit	City			State	Zip Code		
Mailing Address (if different from Street Address)			City		State	Zip Code		Area Code	Home Telephone		
E-mail address								Area Code	Cellular Telephone		

Previous address if lived at current address less than 5 years:						RACE/ETHNICITY (Select One)					
Street Address				Apt/Unit		<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Black or African American			
City				State		Zip Code		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian or Pacific Islander	
								<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Other	

Employer					For AYSO Regional Use Only Current U.S. Driver License/State I.D. Verified By _____						
Area Code		Work Telephone		Extension	Area Code	FAX Number					

I'M VOLUNTEERING FOR . . .											
<input type="checkbox"/> Coach	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Picture Day	<input type="checkbox"/> Various Board Jobs						
<input type="checkbox"/> Referee	<input type="checkbox"/> Field Setup	<input type="checkbox"/> Registration	<input type="checkbox"/> Scheduling	<input type="checkbox"/> Communications	<input type="checkbox"/> Other: _____						

IF ON THE BOARD, PLEASE INDICATE POSITION											
<input type="checkbox"/> RC	<input type="checkbox"/> CVPA	<input type="checkbox"/> Coach Admin	<input type="checkbox"/> Ref Admin	<input type="checkbox"/> Safety Director	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Registrar	<input type="checkbox"/> Other _____				

I want to coach my child(ren) and am including the name(s) and age(s) of my child(ren): _____								Do you have past AYSO experience? Yes No If yes, what region/city? _____			
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PROFESSIONAL REFERENCE (Employment, school, church or other organization)											
Organization Name						Your position/Role					
Contact First Name			MI	Contact Last Name			Area Code		Telephone Number		Ext.
Address				City				State		Zip Code	

PERSONAL REFERENCE (Non-relative, known at least 1 year and must be different from Professional Reference)											
Contact First Name			MI	Contact Last Name			Area Code		Telephone Number		Ext.
Address				City				State		Zip Code	

PRIOR YOUTH VOLUNTEER REFERENCE (IF ANY)											
Organization Name						Your position/Role					
Contact First Name			MI	Contact Last Name			Area Code		Telephone Number		Ext.
Address				City				State		Zip Code	

"PLAYSOCCER", AYSO's quarterly magazine is mailed to every household. By e-mail and regular mail, AYSO sends other publications and information we think will be of interest to our members. If, for some reason, you do not wish to receive these other materials, please check this box

DISCLOSURE: All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer in the American Youth Soccer Organization ("AYSO"). AYSO acceptance of an applicant will be based on existing AYSO Safe Haven policies available from the Regional Child & Volunteer Protection Advocate or online at: http://www.ayso.org/special_programs/safe_haven/background_check_policy.aspx

Have you ever been convicted of a crime? YES NO

If yes, describe each conviction in full. Also indicate date(s) of crime(s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

Check here if you are a returning volunteer and have previously disclosed this conviction(s).

IMPORTANT! PLEASE READ THE AGREEMENTS PRINTED ON THE REVERSE SIDE, THEN SIGN BELOW

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Signature: _____

Date: _____

The AYSO Endowment Fund: The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to endowment@ayso.org.

WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENTS

By affixing my signature on the reverse side of this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into the following agreements **IN CONSIDERATION OF** my being able to participate in any way as a volunteer at practices, games or other activities (“EVENTS”) sanctioned by the American Youth Soccer Organization (“AYSO”) as well as **IN CONSIDERATION OF** my being able to enter into or upon the premises or facilities where the EVENTS are or will be taking place.

WAIVER, CONSENT AND RELEASE OF LIABILITIES: I hereby consent to the investigation and verification of all information given in this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless AYSO and its officers, employees and volunteers and any person or organization that provides information for or to AYSO concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me in this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with AYSO. I acknowledge that I have the right to receive a copy of any background check report secured by AYSO. If I have checked the box following this sentence, I would like to receive a copy of any such background check. Yes

If accepted as an AYSO volunteer, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies, and all decisions and directions of the Regional Board of Directors, area and section staff, and the National Board of Directors, and I understand that I may be removed as an AYSO volunteer at any time with or without cause.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES .

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities (“RELEASEES”) from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I agree the terms and conditions hereof shall apply to all of my volunteer participation in AYSO, regardless of the year or season in which such participation takes place, unless superseded by a new volunteer application.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the safety director of my region or on-line at http://ayso.org/Resources/Insurance/Insurance_forms.aspx and either I have read and understand the terms or I will do so before I volunteer. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of me consistent with the AYSO Privacy Policy set forth at http://ayso.org/resources/legal/privacy_policy.aspx. I consent to such uses and hereby waive all rights to approval and compensation.

(continued on the reverse side)