



PLAYSOCCER® Region 372

AYSO SPRING 2010 REGISTRATION

Your local **AYSO Region 372** serves about 825 players every year, ranging in **ages from 4 to 18**, in the **Mundelein, Libertyville, Hawthorn Woods, Vernon Hills and surrounding communities**

INFORMATION – EVERYONE PLAYS

- **Registration Packets available at:** our web page www.ayso372.org
- **PLAYERS ENROLL FOR SPRING 2010 SEASON!** - Players will be added to existing teams or make new teams.
- Players must be born on or between 8/1/1990 – 12/31/2005 & must be 4 years old by Dec. 31,2009
- VIP Players, & U5 thru U8 play at Mundelein Community Center 1401 Midlothian Road, Mundelein, IL.
- U10 thru U19 play all home games at **LTSC**, Libertyville, IL off Winchester Road, East of Rt 45
- **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

AYSO 372 Registration Fee\$ 110.00

High School Boy Fee (before 12/21 earlybird fee \$90).....\$ 95.00

Registration Fee covers Spring '10 Season, Full uniform (Jersey, Shorts, Socks), nationally recognized coach & referee training, games, fields, practice equipment, individual trophies, insurance coverage, etc.

VIP and U5 have Open Registration.....Due to the Jamboree style of play at U5 and VIP we have open registration thru out the season.

Waiting List Registration..... Please fill out the waiting list and attach the acceptance to the registration and mail in to the address below.

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

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 Fall 2009 / Spring 2010 Seasons

- **Player Notification** Deadline is August 15, 2009 Call the hot-line after this date if you have not heard from your child's coach.
- **Picture Day**, August 29, 2008. 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 12/13, 2009 Final Scheduled Games of Fall - November 7/8, 2009
- **First Scheduled Games of Spring** - April 10/11, 2010 Final Scheduled Games of Spring - June 5/6, 2010
- **Team Practices** start 1-2 weeks prior to the first games of the season. U5 / U6 / U7 practices are included in the game day experience.

General Information

- **Practice Locations, Days and Times (U8-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.
- **Game Locations**
 - o VIP/ U5 / U6 / U7 (girls and boys) - Saturday—Community Park—upper fields
 - o U8 (girls and boys) - Saturday—Community Park—lower fields
 - o U10 thru U14 (girls) - Saturday—LTSC home games
 - o U10 thru U14 (boys) - Sunday—LTSC home games
 - o U16 thru U19 (Girls and boys) - Sunday—LTSC home games
- **Community Park** is located on Midlothian Road, north of Route 176. Fields 8A & B are located on the lower portion across from the park dist. building. 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. Map of the fields is located near the entrance. A concession stand is also on site, hours vary.
- **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.
- **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:

Support Your Child Always Be Positive
Be Enthusiastic and Supportive Reinforce Positive Behavior
Let Coaches Coach and Referees Referee

- **Inter-Regional Play** Due to the limited amount of teams at the U12, U14, U16/U19 level, teams may play games against other regions within our Area, which would involve traveling to neighboring communities for games.
- **Birth date Guidelines** for Fall-Spring 2008-09 [See website for details](#)
- **Fall-Spring 2008-09** Season Mundelein Area AYSO plays to a Fall-Spring season. Players will continue with the same team in Spring that they played with in the Fall.

AYSO's Mission:

To develop and deliver quality youth soccer programs in a fun, family environment based on the

AYSO Philosophies:

Everyone Plays, Balanced Teams, Open Registration, Positive Coaching, Good Sportsmanship

AYSO Region 372 Mundelein Area
PO Box 783
Mundelein, Illinois 60060
Hotline– 847-949-6320
www.ayso372.org

Player Jersey Size (circle)

Youth XS S M L
 Adult S M L XL

Player Short Size (circle)

Youth XS S M L
 Adult S M L XL

Preferred Option:

Fill out on line at
www.ayso.org
 Select region 372



American Youth Soccer Organization
www.soccer.org

Player Registration Form

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	M. I.	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	Siblings to play with:		Current injuries or minor physical limitations or other medical condition the coach should know about:		
Yrs of Experience	Height	Weight			

Registration Dates and Information on website www.ayso372.org Phone mail at: 847-949-6320
 Bring Player Registration IN PERSON to Walk In Registration at Mundelein Community Park 1401 N. Midlothian Road, Mundelein.
 Mail-In Registration - Mail to: AYSO Region 372, P.O. Box 783, Mundelein, IL 60060
 Remember to fill out a VOLUNTEER FORM required yearly.
BIRTH CERTIFICATE REQUIRED FOR ALL PLAYERS NEW TO THE PROGRAM

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://soccer.org/Resources/Forms/Insurance+Forms.htm>, 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://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>, 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.)

Preferred Option: Fill out online at www.eayso.org
Select region 372



American Youth Soccer Organization
www.soccer.org

Volunteer Application 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		
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 . . .

Coach Asst. Coach Team Parent Sponsor Picture Day Various Board Jobs
 Referee Field Setup Registration Scheduling Communications Other: _____

IF ON THE BOARD, PLEASE INDICATE POSITION

RC CVPA Coach Admin Ref Admin Safety Director Treasurer Registrar 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? _____

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 two questions. 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 on-line at <http://soccer.org/Programs/SafeHaven/Background+Checking+Policy.htm>

- Have you ever been convicted of a crime? YES NO
 - Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order: YES NO
- If yes, describe each 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.)

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://soccer.org/Resources/Forms/Insurance+Forms.htm> 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://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>. I consent to such uses and hereby waive all rights to approval and compensation.

(continued on the reverse side)

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