

****LAST DAY TO REGISTER: FRIDAY, FEBRUARY 7, 2014**



Arkadelphia Soccer Association

Local Team Registration Form

The Arkadelphia Soccer Association invites all interested boys and girls to join us for the Spring 2014 soccer season. The divisions are:

3 and 4 year olds: Players must be 3 years old by August 31st, 2013.

Under 6 (U6): Players born after July 31, 2007.

U8 - U14 (age divisions will be determined after registration is complete.)

The Local teams will play matches in Arkadelphia at the Youth Sports Complex. ****The registration fee covers registration for the Spring 2014 season, uniform (jersey, shorts, & socks), membership in the Arkansas State Soccer Association, a subscription to Corner Kick newsletter, supplemental insurance, awards, local championship tournament, and other fees.**** Every player is expected to provide his or her own ball, shin guards and cleats, which are not covered in the registration fee. **FORMATION OF TEAMS IS CONTINGENT UPON SUFFICIENT PLAYER SIGN-UP AND AVAILABILITY OF VOLUNTEER COACHES.**

Shirt Size (Circle One): YXS YS YM YL AS AM AL AXL AXXL

Short Size (Circle One): YXS YS YM YL AS AM AL AXL

Sock Size (Circle One): Youth Junior Adult

Last Name _____ First Name _____

Sex ____ DOB ____/____/____ Skill Level (Circle One): Beginner Intermediate Advanced

Address _____ Phone # _____

City _____ State _____ Zip _____

Father's Name _____ Work Ph# _____

Mother's Name _____ Work Ph# _____

WOULD YOU BE WILLING TO VOLUNTEER COACH: YES ___ NO ___ If yes, T-shirt size: _____

E-mail address _____

Please list any medical problems: _____

Family physician _____

I, the parent or guardian of the above named player, a minor, agree that I and the registrant will abide by the rules of the Arkadelphia Soccer Association, and its affiliated organizations and sponsors. Recognizing the possibilities of physical injury associated with soccer and in consideration for the Arkadelphia Soccer Association accepting the above named player for its soccer programs and its activities (the programs), I hereby release, discharge, and or otherwise indemnify the Arkadelphia Soccer Association, its officers, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used for the programs, against any claims (including but not limited to claims for negligence) by or on behalf of the above named player as a result of the above named player's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above named player, I hereby give 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 well-being of my dependent.

Parent/Guardian Signature: _____ Date: ____/____/____

Cost for Spring Season Only: 3 & 4, U6 \$ 45 (Full price for first 3 kids, then \$30 for every kid thereafter)

U8 - U14 \$ 50 (Full price for first 3 kids, then \$30 for every kid thereafter)

**Return completed form and payment to P.O. Box 733, Arkadelphia, AR 71923
by Friday, February 7th, 2014.**

Tournament Games will run the week of March 31 - April 4 (evenings)

ASA Only:
Fee paid _____