



## 2019 SPRING REGISTRATION

Fall 2019 registration is May 1st 2019 through June 22nd 2019. ASC reserves the right to decline an application. Any registrations accepted after June 25th, 2019, will be to add players to complete rosters. Refunds will not be issued after June 30th, 2019, unless we are unable to place the player on a team. For registration questions, send an e-mail to [aysa.registrar@altonasoccer.net](mailto:aysa.registrar@altonasoccer.net)

Each player must complete a registration form. *The registration fee includes ISA registration fees, medical insurance, referee fees, player cards, field maintenance and equipment, a t-shirt for games for U6 and U8 players, and participation in seven games.* Uniforms for players U10 and above are not included in the registration fee. Uniform ordering information can be accessed through our website. Players must wear ASC approved uniforms only.

ASC will be implementing a \$20 per season per player volunteer fee. This fee will be returned to all members who volunteer at least 2 hours of time during each season their child plays. The link for volunteer sign up can be accessed through our website. This fee has been added to the registration fees below.

### PLAYER'S INFORMATION: (All U10 and above players must attach a picture on page 2. Players who have not played for ASC in previous seasons must include a birth certificate, as well)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Player's birth date: \_\_\_\_\_ Player's Birth Year: \_\_\_\_\_

Sex:  Male  Female Played with ASC before?  Yes  No

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

### MEDICAL INFORMATION:

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Previous Illness/Injury \_\_\_ Concussions \_\_\_ Diabetes \_\_\_ Asthma \_\_\_ Allergies \_\_\_

Epilepsy \_\_\_ Seizures/Convulsions \_\_\_ Other medical information to disclose: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT AND IOWA SOCCER ASSOCIATION RELEASE:

As the parent or legal guardian of the player named on the registration, I hereby give my 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 wellbeing of my dependent. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Iowa Soccer Association (ISA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for ISA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify ISA, its affiliated organizations and sponsors, their employees and associate personnel, including the owners of 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 same, which transportation I hereby authorize.

# LEARN MORE ABOUT AYSA AT [WWW.ALTOONASOCCER.NET](http://WWW.ALTOONASOCCER.NET)

## MOTHER'S INFORMATION (OR LEGAL GUARDIAN):

Name: \_\_\_\_\_  
 Mother's birthdate (for player ID, need month/day only): \_\_\_\_\_  
 Cell Phone Number: ( ) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

## FATHER'S INFORMATION (OR LEGAL GUARDIAN):

Name: \_\_\_\_\_  
 Cell Phone Number: ( ) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

For U10 and above, place  
 player picture here.  
 Picture to be used for  
 player card.

## RECREATION:

Division	Birth Year	Division	T-Shirt Size (U6&U8 only)	Registration Fees	Subtotal
<input type="radio"/> U6	2014/2015	U6	all Coed	\$90	_____ \$
<input type="radio"/> U8	2013/2012	U8	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$105	_____ \$
<input type="radio"/> U10	2011/2010	U10	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$115	_____ \$
<input type="radio"/> U12	2009/2008	U12	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$135	_____ \$
<input type="radio"/> U14	2007/2006	U14	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$135	_____ \$
<input type="radio"/> U16	2005/2004	U16	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$135	_____ \$
<input type="radio"/> U19	2003/2002/2001	U19	<input type="checkbox"/> Girls <input type="checkbox"/> Coed	\$135	_____ \$

Please circle: YS,  
 YM, YL, AS, AM

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## GPS ACADEMY:

<input type="checkbox"/> U9	2010	<input type="checkbox"/> Girls	<input type="checkbox"/> Coed	\$240	\$ _____
<input type="checkbox"/> U10	2009	<input type="checkbox"/> Girls	<input type="checkbox"/> Coed	\$240	\$ _____

Select program for fall is by try outs only, if any questions  
 contact our program director- contact Andy Commins @  
[aysa.programdirector@altoonasoccer.net](mailto:aysa.programdirector@altoonasoccer.net)

Make checks payable to ASC and mail to 212 11<sup>th</sup> Street NW, Altoona, IA 50009

**VOLUNTEER TO BE A COACH:** I want to volunteer to be a coach: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office only: Date Paid \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  Check # \_\_\_\_\_  Cash