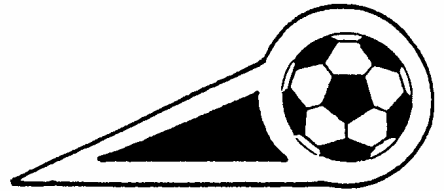


ANTHONY WAYNE YOUTH SOCCER LEAGUE



Just For The Fun of It!

REGISTRATION FORM – FALL 2008 AND SPRING 2009 (PLEASE PRINT – ONE REGISTRATION PER PLAYER)

Player _____ Male: _____ Female: _____

Address _____ Date of birth: _____

City/Zip _____ School grade in Sept. 2008 _____

Phone # _____ Parents/Guardians: _____

Email address: _____ Played soccer before? Yes _____ No _____

List any physical/medical limitation your child has that the coach should be aware of:

RELEASE OF LIABILITY FOR PERSONAL INJURY AND PROPERTY DAMAGE

I the parent or legal guardian of the above named child, who desires to participate in the activities of the Anthony Wayne Youth Soccer League, fully understand the program offered by the Soccer League. In particular, I understand that participants in the Soccer League risk physical injury when participating in, being around, or traveling to or from Soccer League activities such as games, practice sessions, picnics, parties, meetings, or related functions. Nevertheless, I consent to said child's full participation in all the activities of the Soccer League, including those mentioned above. I hereby, on behalf of myself, said child, and all parents and legal guardians of said child, release from liability, absolve, indemnify and agree to hold harmless and waive the right to sue the AWYSL, OYSAN, US Youth Soccer, Inc., ESSL, their affiliates, Board members, sponsors, supervisors, coaches, volunteers, referees, participants, and persons transporting said child to or from Soccer League activities, for and from any claim arising out of any injury to said child. The consideration for this release is the pleasure and benefit accruing to me and to said child as a result of his/her participation in Soccer League activities, which consideration I deem to be sufficient for granting this release.

I the parent/legal guardian have read the above and agree to its terms.

Signature: _____ Date: _____

Consent for Medical Treatment (MINOR)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian signature: _____ Date: _____

The success of AWYSL depends upon its volunteers. Opportunities include:

1. Coach _____ Co-coach _____ No experience necessary, coaching information & clinics are provided. You will be assigned to your child's team. Both moms and dads are welcome.
2. Referee: _____ Soccer experience: playing _____ coaching _____ refereeing _____
3. AWYSL Board: organizing teams, referees, fields, ("behind the scenes" work) _____
4. Check here _____ if you do not want your information included in the AW Youth Foundation mailing database.

(over)

Dear Parent and/or Guardian:

The Anthony Wayne Youth Soccer League (AWYSL) is a recreational organization created to provide area youth with an opportunity to play soccer. One major goal of the AWYSL is for all players, coaches, parents and spectators to have **FUN**. Playing and learning the game of soccer will be stressed more than winning. All team members play at least half of the game. As our players start quite young, provisions are made in the size of the field and in the interpretation of the Rules of Soccer. All participants, including parents, are urged to display good sportsmanship and remember that in the AWYSL, we play soccer **“Just For The Fun of It!”**

For questions – call the following Division Coordinators:

Girls:

Division I Kindergarten & 1 st Grade	Holly Johnson (419) 878-8637 jeepgirl_34@yahoo.com
Division II 2 nd & 3 rd Grades	Holly Johnson (419) 878-8637 jeepgirl_34@yahoo.com
Division III 4 th , 5 th , 6 th Grades	Bob Brannan (419) 875-6070 rbrannan@decagroup.com
Division IV 7 th – 12 th Grades	Steve Annesser (419) 878-2565 sannesser@hotmail.com Shelah Bechtel (419) 877-0094 ShelahRN369@aol.com

(Requires local travel)

Boys:

Division I Kindergarten & 1 st Grade	Heidi LeGrand (419) 875-5536 hlegrand@windstream.net
Division II 2 nd & 3 rd Grades	Heidi LeGrand (419) 875-5536 hlegrand@windstream.net
Division III 4 th , 5 th , 6 th Grades	Melissa Masales (419) 877-2815 masale.missy7189@sbcglobal.net
Division IV 7 th – 12 th grades: <u>(Requires local travel)</u>	Jim Favorite (419) 878-3756 (419) 265-7523 mbbc06@buckeye-express.com

Players are required to purchase an AWYSL jersey and team socks. Additional equipment needed includes white gym shorts and shin guards. Further information is available from the coaching staff. Print form and mail with your check.

Cost per player per year: \$50.00
Make checks payable to:

Maximum cost for a family: \$100.00
AWYSL

Mail to: AWYSL
8610 Schadel Road
Waterville OH 43566

Please note:
Team placements are final.
No refunds after the season has begun.

Submit registrations as soon as possible.

Additional forms are available at the Waterville Public Library or at www.awsoccer.org