



Action Indoor Sports Registration Form

AIS USE ONLY		
U		
(age group)		(gender)

Date of Birth (MM/DD/YR) ____ / ____ / ____

Gender Male Female

Player's Name _____ Home Phone # _____

Address _____ City _____ Zip _____

Coach/Team Request _____ Years of Soccer Experience _____

List Any Special Needs/Restrictions _____

Name of Siblings in Same Age Group _____

Main Contact (parent/guardian) _____ Relationship to Player _____

Work Phone _____ Cell _____ Ok to Text? Yes No

Email Address _____

EMERGENCY CONTACT INFORMATION REQUIRED

Other Parent _____ Work Phone _____ Cell _____ Ok to Text? _____
(Or Guardian)

Other Contact _____ Work Phone _____ Cell _____ Ok to Text? _____

Relationship to Player _____

EMERGENCY AUTHORIZATION AND WAIVER

As parent or legal guardian of the above named player/registrant, I hereby give my consent for emergency medical care, including, but not limited to initial first aid, emergency procedures and other emergency 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 the player/registrant.

As parent or legal guardian of the above named player/registrant, I hereby release and discharge Action Indoor Sports and all affiliated persons or entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss of any kind whatsoever suffered by the player/registrant in connection with his/her participation in any said activities or events. I further agree to defend, indemnify and hold harmless Action Indoor Sports and all affiliated persons or entities from any and all claims that may arise out of any such injury, damage or other loss.

I, the parent/guardian of the registrant, agree that the player/registrant and I will abide by the rules of Action Indoor Sports.

Signature of Parent/Guardian x _____ Date _____ Relationship _____

THIS SECTION IS TO BE FILLED OUT IF VOLUNTEERING AS A COACH	
Coach Name _____	Cell _____
Email Address _____	
Date of Birth _____	
Background in work with youth	Position _____ Year(s) _____
Experience in soccer	Position _____ Year(s) _____
Experience in youth soccer	Position _____ Year(s) _____
Coach selection will be based on level of Coaching License and years of experience.	
Each team will have one Head Coach and no more than two assistants.	

Amount Due

Circle Payment Type

Cash

Check _____