



2020 YOUTH SPRING SOCCER WAIT LIST REGISTRATION



LATE REGISTRATION

AAPS DISTRICT: \$131

NON- RESIDENT: \$ 141

Does your registration contain a new address? If yes, please check here and list changes below. ☐

PLAYER'S INFORMATION:

Name (First and last) _____

Address _____
Street city state zip

Home Phone: () _____ Gender: _____

Date of Birth ____/____/____ Grade: _____

1. If space is available, please list the school or combo team you would like your child placed on: _____

2. **CHOOSE YOUR CHILD'S LEAGUE:** (select one)

- ☐ 4401 Boys' Y5/K ☐ 4403 Boys' 1st ☐ 4405 Boys' 2nd ☐ 4407 Boys' 3rd ☐ 4409 Boys' 4th
☐ 4411 Boys' 5th ☐ 4413 Boys' 6th ☐ 4415 Boys' 7th/8th
☐ 4417 Girls' K ☐ 4419 Girls' 1st ☐ 4421 Girls' 2nd ☐ 4423 Girls' 3rd ☐ 4425 Girls' 4th
☐ 4427 Girls' 5th ☐ 4429 Girls' 6th ☐ 4431 Girls' 7th/8th

3. **My child attends:** ☐ An AA Public School ☐ A charter/private school **School Name:** _____

4. **Is your child a "School of Choice" student?** ☐ Yes ☐ No

If "yes" please list your child's district assigned school? _____

5. **Do you wish your child to play on a team from the Charter or Private school he/she is currently attending, if one is formed?** ☐ Yes ☐ No

6. **Did you sign your child to play up one grade?** ☐ Yes ☐ No

7. **CIRCLE YOUR CHILD'S SHIRT SIZE:**

YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (48-48) AXXL (50-52)

8. **SPECIAL REQUESTS:** Please list any coach or team player request.

**Although we review all team placement and other special requests we cannot guarantee that we will be able to accommodate your request.*

9. **Do you want your child placed on any available team if we are NOT able place your child on your requested school/school combo team? If you only want your child placed on a team based on your special request, check NO.** ☐ Yes ☐ No

10. **ALLERGIES:** Please list any allergies or medical conditions, or any information you would like our staff to know that might help make your child's experience more comfortable and enjoyable or write NONE.

11. **Are you interested in volunteering for Head Coach/ Assistant Coach / Team Parent?** ☐ Yes ☐ No

Name of Volunteer: _____ Email of volunteer _____

Volunteering for: ☐ Head Coach ☐ Assistant Coach ☐ Team Parent

(Please turn page over to complete)