

YOUTH SPRING SOCCER 2020

STANDARD REGISTRATION ENDS FEBRUARY 24TH AT 5:00 P.M.		
Standard Registration	AAPS District: \$111	Non-Resident: \$121
Late Registration	AAPS District: \$131	Non-Resident: \$141

ID#:

Does your registration contain a new address, phone number, or e-mail address? ☐ Yes ☐ No

PLAYER’S INFORMATION

Name

firstlast

Address

streetcitystatezip

Home Phone: ( )

Gender: ☐ Male ☐ Female

Date of Birth / /

Grade:

My child attends: ☐ an Ann Arbor Public School ☐ a charter or private school

Name of School:

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

CHOOSE YOUR CHILD’S LEAGUE:

- 4401 ☐ Boys’ Kindergarten/Y’5

4403 ☐ Boys’ 1st Grade

4405 ☐ Boys’ 2nd Grade

4407 ☐ Boys’ 3rd Grade

4409 ☐ Boys’ 4th Grade

4411 ☐ Boys’ 5th Grade

4413 ☐ Boys’ 6th Grade

4415 ☐ Boys’ 7th-8th Grade
- 4417 ☐ Girls’ Kindergarten/Y’5

4419 ☐ Girls’ 1st Grade

4421 ☐ Girls’ 2nd Grade

4423 ☐ Girls’ 3rd Grade

4425 ☐ Girls’ 4th Grade

4427 ☐ Girls’ 5th Grade

4429 ☐ Girls’ 6th Grade

4431 ☐ Girls’ 7th-8th Grade

Do you want your child to “play up” a grade? ☐ Yes ☐ No

Circle your child’s shirt size:

- Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14-16)

Adult Small (34-26)
- Adult Medium (38-40)

Adult Large (42-44)

Adult X-Large (46-48)

Adult XX-Large (50-52)

Special Requests: 

Allergies or Medical Conditions:

PARENT/PAYER NAME

☐ Check here if address is same as player

Name

firstlast

Address

streetcitystatezip

Home Phone: ( )

Date of Birth / /

Other Phone: ( )

Gender: ☐ Male ☐ Female

E-Mail:

PAYMENT METHOD

- ☐ From Account: \$

☐ Scholarship #:
- ☐ Check #

☐ Cash: \$

☐ Credit Card

ONLY COMPLETE IF PAYING BY CREDIT CARD

Name on card:

☐ VISA ☐ MasterCard ☐ American Express CVV Code Amount \$

Card#:

- - - - -

Exp. Date: /

Signature (required):

I agree to pay the amount listed above according to the card issuer’s agreement and Youth Soccer Refund Policy.

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY

Each registrant’s parent or guardian must sign this statement. Registrations without a parent’s or guardian’s signature on the line below will not be accepted and will be returned for signature.

I hereby acknowledge that Community Education and Recreation has warned me that my child, by participating in the Youth Soccer Program, may be injured. Injuries might include, but are not limited to injuries to the eyes, nose and other parts of the face, contusions, sprains, fractures, ligament or cartilage damage which could result in partial, complete, temporary, or permanent impairment in the use of limbs. These and other injuries could also result in brain damage, paralysis, or even death.

Even though these injuries occur, I give my consent to my child, who is named on this form, to participate in the Youth Soccer Program. I understand and accept that there is no Benefit Fund for participants in this program and agree to assume personal responsibility for any injuries that my child may suffer as a participant in this program. I also realize that there will not always be trained medical personnel on-site at the program’s practices and games.

**Parents Code of Ethics:** I promise to support the goals of the Rec & Ed Youth Soccer Program, which include teaching youth to work together cooperatively and develop self-esteem and sports skills through game play, and, above all, to have fun. Furthermore, I understand that, as a spectator, if my conduct or language is deemed to be unsportsmanlike by the Recreation Department, I may be asked to leave the playing area in which my son’s or daughter’s games are being held.

I authorize Ann Arbor Rec & Ed to use photographs of my child or myself for educational and promotional purposes, including our website. I understand I will not be compensated for providing this authorization or the use of any photos for Rec & Ed purposes.

Parent or Guardian – Please Sign: Acknowledgement of Warning

X Date

In accordance with the State of Michigan’s concussion legislation, Rec&Ed is required to provide concussion education materials from the Michigan Dept of Community Health to parents and their participating child. This information is available here <http://bit.ly/recedconcussion>. Please sign below to acknowledge that you have received and read this important information. Your registration cannot be processed without signatures below.

Student-Athlete Name Signed

Date

Parent or Guardian Name Signed

Date

ADULT VOLUNTEER REGISTRATION FORM

Name

firstlast

Address

streetcitystatezip

Home Phone: ( )

E-Mail Address:

I AM VOLUNTEERING AS A: (CHECK ALL THAT MAY APPLY)

- ☐ Head Coach

☐ Assistant Coach

☐ Team Parent

I realize that I may or may not be assigned to any of the positions that I am volunteering for. However, if I am, I will follow the guidelines and policies of the Youth Soccer Program as set forth by Community Education and Recreation.