



Zachary Area Soccer Association

Registration Form 2009-2010

Spring Recreational Division (U-6 through U-16 boys and girls)

FEES: Individual = \$50.00, \$10 Discount for 2nd Player
 Registration fees are Non-Refundable

Return to: 5635 Main Street
 Suite A PMB242
 Zachary, LA 70791

Make checks payable to: ZASA, Inc.

Shirt Size	Shorts Size
<input type="checkbox"/> YXS <input type="checkbox"/> AS	<input type="checkbox"/> YXS <input type="checkbox"/> AS
<input type="checkbox"/> YS <input type="checkbox"/> AM	<input type="checkbox"/> YS <input type="checkbox"/> AM
<input type="checkbox"/> YM <input type="checkbox"/> AL	<input type="checkbox"/> YM <input type="checkbox"/> AL
<input type="checkbox"/> YL <input type="checkbox"/> AXL	<input type="checkbox"/> YL <input type="checkbox"/> AXL

Player shirt, shorts, and socks will be provided.

Child must be at least 4 years old by July 31, 2009

PLEASE PRINT:

Player's Name: _____ Date of Birth: _____ Male _____ Female _____

Address: _____ City: _____ Zip: _____ Tel. # _____

Mother's Name: _____ Father's Name: _____

Work _____ Cell _____ Work _____ Cell _____

Email: _____ **Years Played** _____

School: _____ Birth Certificate Attached

Please mark any of the areas that you can volunteer to help ZASA
 (M for Mom, D for Dad)

- | | |
|--|--|
| <input type="checkbox"/> Referee | <input type="checkbox"/> Fund Raiser / Sponsor |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Prepare Fields |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Team Manager |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> As Needed |

Cash	\$
Check #	\$
Financial Aid	\$
Donation	\$

Family Fee

Medical Information

Medical Problem(s): _____

Emergency Contact (other than parents): _____ Phone: _____

Doctor to notify in emergency: _____ Phone: _____

I, _____, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name _____

Signature: _____ **Date:** _____

Consent for medical treatment (minor)

As Parent or Legal Guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a dually licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature _____

Address _____

City _____ **Zip** _____

Home Phone # (_____) _____

Business Phone # (_____) _____

For additional information contact ZASA Registrar, Amy Noland, registar@zasa.org.

More information at www.zasa.org!