Zachary Area Soccer Association

Registration Form 2010-2011

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

Registration Fees for 2010-2011 ZASA Soccer

U-6 and U-8: $60 **U-10: $75** **U-12 and above: $85**

- There is a $10 discount for families with more than 1 children playing
- Registration begins on July 1st and ends on August 21st, there will be no late registration and all fees are non-refundable

Shirt Size		Shorts Size	
☐ YXS	☐ AS	☐ YXS	☐ AS
☐ YS	☐ AM	☐ YS	☐ AM
☐ YM	☐ AL	☐ YM	☐ AL
☐ YL	☐ AXL	☐ YL	☐ AXL

Player shirt, shorts, and socks will be provided.

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

Make checks payable to: ZASA, Inc.

*****Child must be at least 4 years old by July 31, 2010*****

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:_____ Age Group: ☐U-6 ☐U-8 ☐U-10 ☐U-12 ☐U-14

School: _____ **Years Played** ____ ☐ **Birth Certificate Attached**

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

____ Referee
____ Coach
____ Assistant Coach
____ Concessions
____ Fund Raiser / Sponsor
____ Prepare Fields
____ Team Manager
____ As Needed

Financial Assistance available

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, registrar@zasa.org or visit us at www.ZASA.org