American Youth Soccer Organization
www.soccer.org

Youth Volunteer Application

AYSO ID#

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED.

First Name	Middle Name	Last Name	Suffix

Gender ☐ Male ☐ Female	Birth Date	AYSO position I apply to: ☐ Coach ☐ Referee ☐ Other	Section Area Region #

Street Address	Apt. #

City	State	Zip Code	Area Code	Home Phone

E-mail	FOR REGIONAL USE ONLY Verified by: _____

Contact Information

School Name	Area Code	Phone

Emergency Contact	Area Code	Phone

Emergency Contact	Area Code	Phone

Physician Name	Area Code	Phone	Insurance Carrier

Father/Guardian

First Name	Middle Name	Last Name	Gender ☐ Male ☐ Female

Street Address	Area Code	Home Phone

City	State	Zip Code	Area Code	Cell/Work Number

Mother/Guardian

First Name	Middle Name	Last Name	Gender ☐ Male ☐ Female

Street Address	Area Code	Home Phone

City	State	Zip Code	Area Code	Cell/Work Number

Release and Authorization

I, the undersigned parent or legal guardian of the above-named youth volunteer, a minor ("Youth Vol"), on behalf of myself, Youth Vol and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize an adult volunteer of the American Youth Soccer Organization ("AYSO"), the above identified Emergency Contact and/or other AYSO officials to act as my agents in the capacity of authorizing medical, surgical or dental examination and/or treatment for Youth Vol.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Youth Vol or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove Youth Vol from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND THE EMERGENCY AUTHORIZATION, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE, I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

(continued on reverse)

_____ Parent/Guardian _____ Date

_____ Youth Volunteer _____ Date

Please mail to me AYSO's official magazine:
Soccer Now ☐ **YES** ☐ **NO**
Please send me other mailings ☐ **YES** ☐ **NO**

© 2004 Rev. 12/04 American Youth Soccer Organization

In consideration of accepting and permitting the voluntary participation of Youth Vol in AYSO programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to Youth Vol or to members of my family or my household or individuals Youth Vol invites to the event or for whom I or Youth Vol is otherwise responsible while participating in or present at any AYSO-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which Youth Vol's participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at http://soccer.org/Resources/Forms/Insurance+Forms.htm and, either I have read and understand the terms or I will do so before permitting Youth Vol to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Youth Vol consistent with the AYSO Privacy Policy set forth at http://soccer.org/AdminManagement/Legal/Privacy+Policy.htm. I consent to such uses and hereby waive all rights to compensation.

I agree a parent or legal guardian of Youth Vol will be present when Youth Vol is performing volunteer service, or I promise Youth Vol will have present in his/her possession an executed copy of this form.

(PLEASE SIGN AND DATE ON THE REVERSE SIDE)

© 2004 Rev. 12/04 American Youth Soccer Organization