Inter Atlanta FC Indoor Soccer Application

Name:_____Age:_____
Address:_____
City:_____State:_____Zip:_____
Phone:(h/w)_____(c)_____
Email: _____
Parent/Guardian:_____
Coaches Name/Contact_____
Insurance Co:_____
Policy Number:_____
T-Shirt Size (circle one): YS YM YL AS AM AL
Send check or money order payable to **AYSA** and completed form by December 24th:
AYSA Indoor Soccer
P.O. Box 133126
Atlanta, GA 30333
PARENTAL CONSENT STATEMENT (MUST BE COMPLETED)
I, the undersigned, hereby certify that I am the legal parent or guardian of the participant named on this form.
I hereby give permission for the AYSA staff to seek during the period of Indoor season, appropriate medical attention for the participant, for the attention to be given to the participant, and for the participant to receive the medical attention and treatment necessary in the event of an injury.
I, the undersigned, understand that soccer is an active, physical sport, and that injuries can occur. I assume all known and unknown risk of injury to my son or daughter. I also understand that there will be more participants than staff at the aforementioned indoor season.
I hereby acknowledge that my son or daughter is physically fit and mentally capable of participating in soccer and all indoor soccer activities.
I waive, release, and discharge Atlanta Youth Soccer Association, Brian Stoddart, Jenn Walters, and all staff, officers, agents, employees, representatives, successors, and assignees involved in the aforementioned Indoor season from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in the Indoor soccer season. My signature indicates that I have provided true information on this form, and have read and understand all statements on this form.

Parent/Guardian Signature:
_____Date_____
All campers must have their own medical coverage