AUSTIN UNITED CAPITAL SOCCER CLUB

P. O. BOX 91824
AUSTIN, TX 78709-1824

NEW PLAYER REGISTRATION FORM

(Slaughter Creek and Westcreek Players)

Has this child played with AUCSC before? If yes, please use the appropriate returning player form or clearly indicate "Yes" below and season played. If no, please completely fill out this form. Be sure to provide the necessary **two signatures** located in the second box.

Parental Support

AUCSC is a large organization and is run by volunteers. Each team, as well as the association as a whole, requires adult participation. Please indicate below how you will help. Each team is required to staff the concession stand once per season. The coach will be made aware of the dates. Providing us with your occupation/skill helps to identify potential contractors/service providers for AUCSC.

❑ Board Member ❑ **Coach** ❑ Assistant Coach ❑ Team Parent ❑ Fund Raising ❑ Donation $_____(Check Attached)

❑ Concessions ❑ Newsletter Help ❑ Field Work ❑ Tournament Assistance Parents Occupation/Skill:_____

Birth Certificate

AUCSC must have a copy of the player's birth certificate. Either send one in with this form or FAX to 899-1089.

Played with AUCSC before? **Yes** **No**	Season & Year:	Birth date**:**	Age:
Player's Last Name:	First:	MI:	Sex:
Nickname:	Total Seasons (2/YR) Played:	**If Female Player,** does she want to play on a boy's team? **Yes** **No**	
Address:	City:	State:	Zip:
Phone:	Neighborhood/Subdivision:	School Attending:	
Parent/Guardian:	Day Phone:	**Payment Information (AUCSC Use Only)**	
Parent/Guardian:	Day Phone:	Cash ❑ Check ❑ MO ❑ Multi Child $5 Y❑ N❑	Date Received:
Doctor:	Phone:	Amt. Paid:	Check #
Please list any condition that may limit your child's participation in this program.			
Email Address: (AUCSC can send you messages concerning rain-outs, meetings, etc.)			

Consent for Playing **Date:** _____

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 of 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 the fields and fields utilized for the Programs, against any claim by or on 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.

Printed Name: _____ Signature: _____

Consent for Medical Treatment

As the parent or legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly 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.

Printed Name: _____ Signature: _____