



2020 YOUTH SPRING SOCCER WAIT LIST REGISTRATION



LATE REGISTRATION

AAPS DISTRICT: \$131

NON- RESIDENT: \$ 141

Does your registration contain a new address? If yes, please check here and list changes below. ☐

PLAYER'S INFORMATION:

Name (First and last) _____

Address _____
Street city state zip

Home Phone: (____) _____ Gender: _____

Date of Birth ____/____/____ Grade: _____

1. If space is available, please list the school or combo team you would like your child placed on: _____

2. **CHOOSE YOUR CHILD'S LEAGUE:** (select one)

- ☐ 4401 Boys' Y5/K ☐ 4403 Boys' 1st ☐ 4405 Boys' 2nd ☐ 4407 Boys' 3rd ☐ 4409 Boys' 4th
☐ 4411 Boys' 5th ☐ 4413 Boys' 6th ☐ 4415 Boys' 7th/8th

☐ 4417 Girls' K ☐ 4419 Girls' 1st ☐ 4421 Girls' 2nd ☐ 4423 Girls' 3rd ☐ 4425 Girls' 4th
☐ 4427 Girls' 5th ☐ 4429 Girls' 6th ☐ 4431 Girls' 7th/8th

3. My child attends: ☐ An AA Public School ☐ A charter/private school School Name: _____

4. Is your child a "School of Choice" student? ☐ Yes ☐ No

If "yes" please list your child's district assigned school? _____

5. Do you wish your child to play on a team from the Charter or Private school he/she is currently attending, if one is formed? ☐ Yes ☐ No

6. Did you sign your child to play up one grade? ☐ Yes ☐ No

7. **CIRCLE YOUR CHILD'S SHIRT SIZE:**

YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (48-48) AXXXL (50-52)

8. **SPECIAL REQUESTS:** Please list any coach or team player request.

**Although we review all team placement and other special requests we cannot guarantee that we will be able to accommodate your request.*

9. Do you want your child placed on any available team if we are NOT able place your child on your requested school/school combo team? If you only want your child placed on a team based on your special request, check NO. ☐ Yes ☐ No

10. **ALLERGIES:** Please list any allergies or medical conditions, or any information you would like our staff to know that might help make your child's experience more comfortable and enjoyable or write NONE.

11. Are you interested in volunteering for Head Coach/ Assistant Coach / Team Parent? ☐ Yes ☐ No

Name of Volunteer: _____ Email of volunteer _____

Volunteering for: ☐ Head Coach ☐ Assistant Coach ☐ Team Parent

(Please turn page over to complete)

Parent/Payer Information:☐ Check here if address is same as player

Name: _____ Date of Birth ____ / ____ / ____ Gender: _____

Address: _____
Street City State Zip

Home Phone: _____ Email: _____

Payment Method: ☐ From Account \$ _____ ☐ Scholarship #: _____ ☐ Cash \$
☐ Check # _____ ☐ Credit CardIf you would like to speed up the registration process once your child has been placed on a team from the wait list, please list your **credit card #/expiration date/security code below** or **write contact for payment:**

Amount \$ _____

We accept Visa, MasterCard, or American Express

Each registrant's parent or guardian must sign the Acknowledgement of Warning and Assumption of Personal Responsibility listed below:

Part 1: Acknowledgement of Warning and Assumption of Personal Risk Each registrant or parent/guardian of a minor child must agree to this statement. Registrations cannot be processed without this consent. I hereby acknowledge that Community Education and Recreation has warned me that my minor child or I, by participating in any Community Education and Recreation Class or Activity, may be injured. Injuries might include but are not limited to injuries to the eyes, nose and other parts of the face, contusions, sprains, fractures, ligament or cartilage damage which could result in partial, complete, temporary, or permanent impairment in the use of limbs. These and other injuries could also result in brain damage, paralysis, or even death. Even though these injuries might occur, I still consent or consent for my minor child to participate in the selected Community Education and Recreation classes/activities for which I have enrolled. I understand and accept that there is no Benefit Fund for participation in these classes/activities and I agree to accept personal responsibility for any injuries that my minor child or I may suffer as a participant in the selected classes/activities. I also realize that Community Education and Recreation does not schedule trained medical personnel at any class/activity site.

Part 2: Code of Ethics I promise to support the goals of Community Education and Recreation which include teaching participants to work cooperatively and develop self-esteem through participation, to develop new skills and talents, and above all to have fun. Furthermore, I understand as a participant or a spectator if my conduct or language or that of my minor child is deemed to be inappropriate or unsportsmanlike, by Community Education & Recreation, my minor child or I may be asked to leave the area in which the class/activity is taking place and/or may be barred from attending future classes/activities.

Part 3: Photo Release: I agree to allow the Ann Arbor Public Schools Community Education and Recreation Department permission to take pictures my minor child(ren) or me for use in commercial display and/or presentation purposes. Furthermore, I relinquish and give to Community Education and Recreation all rights, title and interest I may have in the finished still pictures, including negatives, prints, reproductions, and copies of the originals. I further grant Community Education and Recreation the right to show the prints to any responsible individual, publication, TV station or governmental agency, or to any of their assignees for commercial, educational or instructional purposes.

Parent or Guardian- Please Sign Acknowledgement of Warning:

X: _____ Date: _____

In accordance with the State of Michigan concussion legislation, Rec & Ed is required to provide concussion education materials from the Michigan Department of Community Health to parents and their participating child. This information is available here: <http://bit.ly/recedconcussion> . Please sign below to acknowledge that you have received and read this important information. Your registration cannot be processed without signatures below:

Student Athlete Name _____ Date _____

X: _____
Parent or Guardian Name Signed _____ Date _____