



Amarillo Soccer Association
 4146 Business Park Dr. Amarillo TX 79110
 Office (806)356-9779 Fax (806)354-0186
amarillosoccer@gmail.com



Player Information:

Player's Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Gender _____ Birth Date _____ Grade _____

School Attending _____

Parent Contact Information:

Mother _____ Home Phone _____ Mobile _____

Email _____

Father _____ Home Phone _____ Mobile _____

Email _____

Emergency Contact Information:

Name _____ Home Phone _____ Mobile _____

Email _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone _____ Bus. Phone _____

Medical/Hospital Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy Number _____

(Check One) Returning Player New Player

Uniform Size(Check One): YXS YS YM YL AS AM AL AXL

(All Players) I would like my child to play up one year Yes No

(Returning Players Only) I would like my child to transfer off of his/her team and back to the player pool: Yes No

(U5-U7 Only) I would like to Buddy with another player: No---> If Yes, Players list Buddy's name _____

Amarillo Soccer Association Code of Conduct

Stated Policy

The Amarillo Soccer Association Executive Board wishes to provide a wholesome playing environment for players, coaches, spectators, and officials. To provide this environment, the Executive Board will not condone actions by team officials, players, or spectators, that are detrimental to the conduct of the game. Team officials, spectators, and players responsible for such actions will be subject to disciplinary actions.

Specific Actions Prohibited By Policy:

1. Foul or abusive language by team officials, spectators, or players on the bench.
2. Harassment of opponent's (belittle, derogatory comments) by team officials, spectators, referees, assistant referees, or players on the bench.
3. Harassment of league officials, referees, assistant referees, or spectators by coaches, spectators, referees, assistant referees, or players on the bench.
4. Acts of aggression, threats of, or actual physical violence to players, league officials, referees, assistant referees, or spectators by coaches, spectators, players, referees, or assistant referees.
5. Accepting any form of assistance from any persons officially suspended from all soccer activities by the Amarillo Soccer Association and/or the North Texas Soccer Association.

Enforcement Provided by Policy:

Enforcement of this policy will be by the ASA Executive Board, designated Committees and League Officials. These Officials are authorized to observe the conduct of team officials, spectators, and bench players and speak to such persons while the game is in progress for actions specified in this policy or conduct contrary to the goals of ASA. This action is (1) to serve as a deterrent to the offender and (2) to serve as the one warning the offender will receive. If this action continues during the game, or the person will not cooperate during the course of the season, the offender will be required to make an appearance before the Appeals and Disciplinary Committee.

The Appeals and Disciplinary Committee will make a decision on the information presented and, if violation is determined to have occurred, the discipline invoked may range from probation to permanent suspension from ASA sponsored activities. The offender must appear before the A & D Committee if requested to do so. The offender will be automatically suspended from participation for the remainder of the season until the appearance before the Committee, when a mutually agreed upon time is made.

II. Medical Release

Player Permission to Participate/Consent for Medical Treatment

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Amarillo Soccer Association, and its affiliated organizations, their employees and associated personnel 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. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by licensed Doctor of Medicine or Doctor of Dentistry.

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

III. Refund Policy

100% of the fee may be refunded if a player decided to terminate prior to the end of registration. There will be no cash refunds once team formation begins. 100% of the fee will be returned in the form of a credit once team formation begins. Cash refunds will be returned within 30 days following the last game day of the season. If a refund is requested after any orders (i.e. uniforms, trophies) are placed, the credit will have deduction relating to the fees already paid on behalf of the player. A credit may be used toward any future ASA soccer season and is transferable to a sibling living in the same household. Any other refunds will be on a case by case basis and decided by the Executive Board.

BY MY SIGNATURE BELOW, I AND THE FAMILY MEMBERS I REPRESENT, AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED IN (I) THE ASA CODE OF CONDUCT (II) THE ASA MEDICAL RELEASE, AND (III) THE ASA REFUND POLICY

Print Name _____

Signature _____

Date _____