



ASHBURN SOCCER CLUB

Spring 2012 Registration*

P.O. Box 976
Ashburn, VA 20146-0976
(703) 729-1211

Register Online at: www.ashburnsoccer.net



*Deadline: 02/15/2012. Registrations received after deadline will be accepted with a late fee and on a space available basis.

Contact Information:

Address: _____
Town & Zip: _____
Home Phone: _____
Homeowners Association: _____
Emergency Contact Name: _____

Player Information:

Player Name: _____
Birth Date: _____ Male Female
Seasons Played: ____ Grade(in fall): ____ School: _____
Pertinent Medical Information: _____
Emergency Contact Phone: _____

Parent Information:

Father: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Mother: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Volunteer: Coach Assistant Coach Tiny Mites (Team Manager) Field Set Up/Break Down

Program: (see back of page for ages)

Tiny Mites: _____ (coed only)
Lil' Strikers: _____ (coed only)
Recreational: Boys _____ Girls: _____
Suburban Friendship League: Boys _____ Girls: _____

Uniform: (Tiny Mites – Jersey Only)

Jersey: YXS YS YM YL AS AM AL AXL
Shorts: YS YM YL AS AM AL AXL
Socks: S M L

Special Requests: (requests cannot be guaranteed) _____

Fees:

Please read the back to ensure you are paying the appropriate amount, especially if registering multiple children.

TOURNAMENT FEE INCLUDED IN REGISTRATION

Requests for refunds MUST be in writing and MUST be postmarked by March 15, 2012. A \$15 processing fee (per player) will be deducted from any refunds.

Spring 2012 Registration & Tournament Fee (\$110 per player) \$110.00
Loudoun County Field Utilization Fee (\$10 per player) \$10.00
Less \$10 Early Registration Discount (postmarked by 12/23/11) _____
+ \$25 Late Fee (if postmarked after 02/15/12) _____
\$35 Uniform Fee (New Lil' Strikers/Rec/SFL Players) _____
Donation (\$25 suggested if not volunteering) _____
Total Amount Paid _____

Make checks payable to ASC. Mail payments to: ASC, P.O. Box 976, Ashburn, VA 20146-0976

Consent to Play: I, the parent of _____, hereby give my approval for his/her participation in any and all activities of the Ashburn Soccer Club. I assume all risks and hazards incidental to such participation and I hereby waive, release and agree to hold harmless the Ashburn Soccer Club and International Touch Soccer Academy, Inc. for any claim arising during his/her participation in the above activities. Ashburn Soccer Club is not responsible for any injuries that occur if a player is not registered with the league and Virginia Youth Soccer Association.

Picture Release: I hereby grant permission for my child to be photographed and in doing so give permission for all pictures to be used by Ashburn Soccer in any advertising/promotional materials.

Medical Release: I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury or sickness under the direction of a league official until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Proof of Age: I certify that I have represented my child's age correctly and I understand that I may be required to provide age verification at any time prior to or during the soccer season.

Signature of parent or guardian: _____ Date: _____

Do Not Write Below This Line

ASC USE ONLY

Do Not Write Below This Line

Postmark _____ Check # _____ Amount _____ Date Entered _____ Entered By _____