

**EACH PLAYER MUST FILL OUT AND TWO SIGNATURE  
BLOCKS BE SIGNED**

**American Amateur Soccer League  
HIGH SCHOOL PLAYER REGISTRATION  
SINGLE YEAR - SUMMER 2008**

<b>League Name</b> <b>AASL-HS-08</b>	<b>Age Group</b> <b>U18</b>	<b>School Name</b>	
<b>Last Name</b>	<b>First Name</b>		<b>Birth Date (MM/DD/YY)</b>
<b>Address</b>	<b>City</b>	<b>State</b> <b>OH</b>	<b>Zip</b>
<b>Area Code/Phone No.</b> (    ) -	<b>Alternate Phone (optional)</b> (    ) -		

**Liability Waiver Form**

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify the organization/ league/club for which I am registering the child to play, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation. I certify that this child was born after August 1, 1988, making him a U18 player.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent for Medical Treatment (Minor)**

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_