

**A.Y.S.A.
TEAM REGISTRATION
&
TEAM PLACEMENT FORM**

CLUB: _____ AGE: U _____ BOYS _____ GIRLS _____ CoEd _____

COACH: _____ PHONE: _____

**DATES TEAM CANNOT PLAY
(ONLY SCHOOL & RELIGIOUS FUNCTIONS, not other sports, WILL BE HONORED)**

Date: _____ Reason: _____

Date: _____ Reason: _____

THE FOLLOWING MUST BE SIGNED:

The undersigned hereby acknowledges he/she is fully authorized to act on behalf of the above referenced club and /or team, and hereby certifies that the club has retained in its files for each player or the team legally executed and witnessed waiver and release of liability which releases, indemnifies and forever holds harmless the club, its officers and coaches, the Applesed Youth Soccer Association, the Sports Connections of Ohio Inc., Ohio Youth Soccer Association-North , and all their officers, referees and their successors, and all sponsors and suppliers, names and unnamed, of those entities, and all owners and/ or operators of fields and facilities used by this team, from any and all damages, health claims or expenses, or any liability whatsoever, whether known or unknown, which might arise out of. Be related to or accruing from participation any soccer activity. We further certify that know person associated with this team will bring any claim of law against a party named above.

SIGNED: _____ DATE: _____

PLEASE PRINT NAME _____

REQUEST PLACEMENT

DIVISION	REASON
_____ A (hardest)	_____
_____ B	_____
_____ C (easiest)	_____

RECORD: WIN _____ LOSS _____ (PREVIOUS SEASON)

_____ NUMBER 1ST TIME PLAYERS _____ NUMBER WHO PLAYED PREVIOUS SEASON

_____ THIS TEAM WAS FORMED BY A DRAW _____ TEAM IS RETURNING INTACT (65% or better)

_____ NUMBER OF COMPETITIVE PLAYERS (players on state or premier teams etc.)

_____ TEAM IS A COMBINATION OF TEAMS: _____ & _____
(COACH) (COACH)

This form must be filled out completely for each team that is entered into the Applesed Youth Soccer Association.