

# AIS Pittsburgh Registration, Spring 2012

Please register by April 3, 2012 so we can prepare for the season. We must have a completed, signed registration form for each child before s/he can play. Fill out a separate form for each child you register.

**Checks should be made payable to AIS Pittsburgh. Forms and payment should be mailed to or dropped off at The Open Door, 801 N. Negley Ave. Office #2, Pittsburgh, PA 15206.**

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt size (circle one) ys      ym      yl      as      am      al

Parent/Guardian: \_\_\_\_\_ E-mail you use: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Check the following areas of concern for this player.

1. Does your child have allergies to: \_\_\_ pollen \_\_\_ medications \_\_\_ food \_\_\_ insect bites

More Information: \_\_\_\_\_

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following?

\_\_\_ asthma \_\_\_ epilepsy/seizure disorder \_\_\_ heart trouble \_\_\_ diabetes \_\_\_ frequently upset stomach  
\_\_\_ physical handicap

Please Describe: \_\_\_\_\_

3. Does your child have any behavioral, emotional or social concerns? Please describe:

\_\_\_\_\_

4. Date of last tetanus shot: \_\_\_\_\_

I, the parent/guardian, release Ambassadors In Sport Pittsburgh, the Open Door, league officials, member clubs, club officials, coaches, and/or anyone acting on behalf of Ambassadors in Sport or member clubs from any and all liabilities or responsibilities of any conditions or complications in the event of an injury to the above named player before, during or after competition, practice, league or club functions and/or travel to or from competition or league or club functions. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Ambassadors In Sport, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the player as a result of the player's participation in the soccer programs and/or being transported to or from the same, which transportation I hereby authorize. I also release AIS Pittsburgh and the Open Door to use photos, video, and audio of my child for promotional materials. No names will be used.

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Amount of payment enclosed:** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**I might be able to help. Tell me more about:**

\_\_\_\_\_ **coaching**                      \_\_\_\_\_ **bringing snacks**                      \_\_\_\_\_ **Devotions**  
\_\_\_\_\_ **party planning**                      \_\_\_\_\_ **serving snacks**                      \_\_\_\_\_ **helping with registration**

Mark your calendar! The orientation meeting for coaches is on March 31st @ 6 p.m. You will be contacted with more details.