

League Use Only: AMT \_\_\_\_\_ CA CK# \_\_\_\_\_ FP \_\_\_\_\_



# Argos Youth Soccer

Were Online!!! Sign up at [www.argosyouthsoccer.com](http://www.argosyouthsoccer.com) or Mail to: AYS, 13954 Ironwood Rd, Argos, IN 46501

**No Guarantee of Placement after 1/29/2024     \$10 Discount on Grades 1-8 if registered before 1/15/2024**

**NO REFUNDS**

**Kindergarten/Pre K: \$25    Grades 1-8: \$50    Child of head coach plays FREE! (fee will be reimbursed once coach passes requirements)**

*Checks are payable to "Argos Youth Soccer"*

Last Name	First Name	Gender	Date of Birth	Grade	School	Shirt Size (YS, YM, YL, AS, AM, AL, XL, XXL)	Sock Size (Youth, Regular, Large)
		M / F					
		M / F					
		M / F					
		M / F					

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ or Legal Guardian: \_\_\_\_\_  
 Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ (for contacts from coaches)

**WE NEED YOUR HELP!**    COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ FIELD MAINT. \_\_\_\_\_ GRAND FINALE DAY \_\_\_\_\_

**INSURANCE DISCLAIMER:** I/We, the parents/guardians of the candidate(s) for a position on a team in the North Central Soccer Assn., hereby give my/our approval for my/our child's participation in any and all NCSA activities. I/We hereby acknowledge that participation in the game of soccer can be a dangerous undertaking, which could lead to personal injury. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/We hereby waive, release, absolve, indemnify and agree to hold harmless the NCSA organizers, officers of the executive committee, advisory board, sponsors, supervisors, coaches, participants and persons transporting my/our child to or from activities, from any claim arising, or from any injury to my/our child. I/We further more understand and agree that any insurance coverage provided through NCSA shall be secondary to any medical insurance that I/We may have, and will only come into effect after my/our personal insurance coverage has been exhausted.

**Signature of Parent:** \_\_\_\_\_ **Date** \_\_\_\_\_

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To permit AYS to use game/practice pictures that include your child on the website - please initial: YES \_\_\_\_\_ or NO \_\_\_\_\_

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