

## Entiat AAU Youth Soccer 2019

Our soccer program will run for grades Pre K – 6<sup>th</sup> from Sept. to early Nov. with games on Saturdays.

Pre-K & Kindergarten will be doing clinics only. No games. Cost is \$25 for each child.

1<sup>st</sup> Grade – 6<sup>th</sup> Grades: cost is \$35 per child. The fee includes the purchase of your child's AAU card, which will be good for any other AAU sport they play during the 2019-2020 season. If the fee is a burden on your family, please contact Entiat AAU. **Registration deadline is Sept. 6th, 2019.**

Please send this form and check/money order to: Entiat AAU PO Box 601, Entiat, WA 98822

Please fill out 1 registration form per child.

**\*Please note that registrations will not be accepted after the deadline or without money attached.**

### PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ (on Aug 31<sup>st</sup>)    Gender: M or F    Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Programs such as these rely on a lot of volunteers!! If you would be able and willing to help out PLEASE LET US KNOW!! If you would be willing to coach, please email [entiataau@yahoo.com](mailto:entiataau@yahoo.com) or call (509) 670-9213.

### MEDICAL RELEASE FORM

Participant: \_\_\_\_\_ has my permission to participate in the Entiat AAU Youth Soccer program. I the undersigned, parent/guardian, assume all risks and hazards incidental to participating in this activity and do hereby authorize the identified representative of Entiat AAU program to obtain such medical diagnostic services as may be deemed necessary. Emergency treatment of a life threatening condition is authorized. Telephone contact for management of all serious conditions will be attempted if possible.

**Any medical problems? YES or NO (if yes please explain):**

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**Allergies: YES or NO (if yes please explain):**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

**Entiat AAU Contact Information:**    Coaches will keep this document with them at all games and practices

Website: [www.entiataau.com](http://www.entiataau.com)

Email: [entiataau@yahoo.com](mailto:entiataau@yahoo.com)

Phone: (509) 670-9213