



ALACHUA SOCCER LEAGUE

Spring 2021

Register at the Legacy Center

by Monday March 1st

\$20.00 LATE FEE after March 1st



Registration Fee: \$75.00 and a copy of the player's birth certificate. Shin Guards, Cleats, & Ball Required.

PLAYER NAME: (for trophy) _____

(PLEASE PRINT CLEARLY) FIRST LAST

PLAYER NAME on birth certificate if much different: _____

ADDRESS: _____

**READ
THE
BACK**

CITY STATE ZIP

PARENT/GUARDIAN EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ AGE ON SEPTEMBER 1, 2020 _____

6U and 8U - Size 3 Ball

Primary Contact & Phone Number: _____

11U - Size 4 Ball

14U and 17U - Size 5 Ball

Uniform Size: SHIRT YS__YM__YL__AS__AM__AL__2XL__

Ball, Soccer Cleats, & Shin Guards Required

SHORT YS__YM__YL__AS__AM__AL__2XL__

Alachua County Task Force on Recreation (ACTFOR) COVID-19 Disclosure, Acknowledgment, & Waiver

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

ACTFOR is taking steps to reduce the spread of COVID-19; however, ACTFOR cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending ACTFOR activity could increase the risk of contracting COVID-19.

READ BEFORE SIGNING: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending ACTFOR activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, ACTFOR volunteers, and other participants and their families.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to personal injury, disability, and death), illness damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may incur by reason of ACTFOR activity ("Claims"). On my behalf of my child(ren), I hereby release and covenant not to sue ACTFOR, its affiliated organizations, employees, volunteers, agents, and representatives, of any liability from the Claims.

Duty to Inform (Initial each line below)

_____ I will inform you if I encounter someone who tested positive within 14 days prior.

_____ I will inform you and not attend ACTFOR activities for 14 days if I develop any symptoms.

_____ If I test positive for COVID-19, I will not return to ACTFOR activity without medical clearance.

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, GIVE MY PERMISSION FOR HE/SHE TO PARTICIPATE IN THE ALACHUA YOUTH SOCCER LEAGUE (AYSL). I AGREE NOT TO HOLD THE AYSL OR ITS REPRESENTATIVES RESPONSIBLE FOR INJURIES OR ACCIDENTS IN CONNECTION WITH THIS ACTIVITY AND AUTHORIZE FIRST AID AND MEDICAL TREATMENT IF NECESSARY. I ALSO GRANT AYSL PERMISSION TO OBTAIN MEDICAL CARE IF INJURY OR INCIDENT OCCURS WHEN NEITHER PARENT/GUARDIAN IS AVAILABLE TO GIVE PERMISSION.

_____/_____/_____

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME

DATE



Welcome, or welcome back, to Alachua Youth Soccer League. Our independent volunteer organization works with the city of Alachua Recreation Department to promote and teach the sport of soccer. We support the concepts of good sportsmanship and respect, working with children ages 4 to 17 in the local area; (if you really think your 3 year old is sturdy enough, it's OK with us). Our league plays teams from, and travels to, High Springs, Williston, Newberry, and Bronson. The season starts now, and ends with a two weekend tournament in May.

The week following registration close, a coach or league representative will contact you about team placement and practice times. Practice schedule is up to the coach and usually runs twice per week~for one to two hours (older players), on Tuesdays and Thursdays at the Hal Brady Recreation Center fields, starting at 6 pm.

Games will begin in a few weeks, on Saturdays, at sites in towns mentioned above. A game schedule will be available shortly before we start games and your coach will be the first to know. Spring season finishes up May 9th.

Skilled players may play up one age group. Players may only play on one roster, and play on one team. Players must be present at four (4) regular season games to play in the final tournament.

Players that request a particular coach will be placed, if possible, on that team in the order which the league receives their PAID REGISTRATION. This DOES NOT guarantee a spot on this coach's team. We try to accommodate everyone, but there can only be so many players on each team. *If you have a car pooling situation, note the other player's name instead of the coach's name on the top of the registration form.*

We no longer have funds to provide scholarships for soccer. Uniforms-will not be ordered on unpaid registrations. If last season's dues are uncollected, those need to be paid also. The registration fee barely covers the cost of officiating the games and the uniforms. The team sponsorships help keep up with equipment (goals, nets, paint and repairs) and other expenses. If you, or your employer can offer a \$300 team sponsorship, please note the registration form.

For questions and concerns, email alachuasoccer@gmail.com. For more information and season updates, please visit: www.alachuasoccerleague.com and/or "Like" us on Facebook- Alachua Soccer League

PLEASE RETURN COMPLETED FORM, FEES, AND BIRTH CERTIFICATE TO:
 Alachua Youth Soccer League @
 THE ALACHUA LEGACY CENTER by **March 1st, 2021.**

**PLEASE DO NOT REGISTER WITHOUT PAYMENT OR OTHER AGREEMENT WITH LEAGUE DIRECTOR.
 UNIFORMS WILL NOT BE ORDERED FOR PLAYERS THAT HAVE NOT PAID.**

I WOULD LIKE TO VOLUNTEER: _____ / _____ / _____
 Please circle: Coach / Concession / Team Parent Assistant NAME PHONE EMAIL

TEAM SPONSORSHIP \$300 : _____ / _____
Includes company name on the back of jerseys NAME PHONE

AYSL USE ONLY

DATE PD _____ AMOUNT PD _____ CHECK / CASH ACCEPTED BY _____ BIRTH CERTIFICATE ON FILE _____