

Autism Youth Sports League Registration 20__/_/___

Basketball Baseball Football Bowling Soccer Cheer

Please write Legibly **PLAYER INFORMATION** Autistic Non Autistic Sibling

Name:			
Street Address:			
City & Zip Code:			
Preferred Contact Number:			
Date of Birth:	Age:	Sex:	Preferred Contact Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office

NO EXCHANGES OR RETURNS ON UNIFORMS/PLEASE VERIFY YOU HAVE CORRECT SIZES/PLEASE CIRCLE

Xsmall- 4/5 Small-5/6 Medium- 7/8 Large -9/10 Xlarge-11/12 Adult Small / Adult Medium/ Adult Large

Parent/Guardian Information

Name:	Name:
Cell Phone:	Cell Phone:
Email:	Email:

Emergency Contact

Name:	Relationship:
Phone:	

Volunteers Needed (Please Circle)

Referee Coach Team Parent Umpire Sponsor a child

Name of Volunteer:	Phone:	Email:
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Payment Info:

MAIL FORMS AND/OR PAYMENT TO: Autism Youth Sports League
P.O. Box 362
San Dimas, CA, 91773

PAYMENT OPTIONS: Make check payable to Autism Youth Sports League or AYSL.

Check #:	Cash:	Other:	Credit Card: <small>(additional fee may apply)</small>	PayPal #
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League Use Only: Code of Conduct _____ Photographs _____ Social Media _____ BOD _____

Disclaimer:

1. I/We the parents/guardians of above name player hereby give my/our approval to participate in any and all AYSL activities
2. I/We know that participation in sports may cause injuries and we hereby release all and any liability against AYSL, Coaches, Volunteers and Officials.
3. I/We also agree that any improper conduct can result in being asked to leave the facility and potentially banned from play, and/or asked not to return.
4. I/We authorize AYSL to publish media of my child on the AYSL authorized publications: Yes ___/No ___
5. All media will be property of the AYSL.

By signing below, I/We affirm that the above named child is on the Autism Spectrum, or that this is the sibling of a child on the spectrum playing a sibling inclusion sport.

Authorization

Parent/Guardian Signature:	Date:
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