

# AYSA Player Registration Form

\*Player's Last Name: \_\_\_\_\_ \* First Name: \_\_\_\_\_ \*MI: \_\_\_\_\_  
\*Street: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Birthday: \_\_\_\_\_ \* Yr of Graduation: \_\_\_\_\_  
\*Last 4 Digits of Social Security #: \_\_\_\_\_ \*Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Special request: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Medical  
Uniform Size: Shirt: \_\_\_\_\_ Short: \_\_\_\_\_ Socks: \_\_\_\_\_ Condition: \_\_\_\_\_

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\*Mother's Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_ Company: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Vol Job: \_\_\_\_\_ Driver's Lic: \_\_\_\_\_  
\*Street: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Bus Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Soc Security #: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*Suppress Mail: YES or NO

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\*Father's Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_ Company: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Vol Job: \_\_\_\_\_ Driver's Lic: \_\_\_\_\_  
\*Street: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Bus Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Soc Security #: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*Suppress Mail: YES or NO

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**All fields marked with an \* are required fields and *must* be filled in.**