



MEMBERSHIP FORM Seasonal Yr: 2014 _to_ 2015 _Age Group/Grade Level: _____

Club & Team: Lowell School – Lowell F.C. – Recreational Season Fall 2014 and Spring 2015

Last Name _____ First Name _____
Email _____
Address _____
State ____ Zip Code _____ Area Code _____ Tel _____ Birthdate: M/____/Day/____/Yr./____ Male/Female

Father's Name _____ Address _____ Cell Ph: _____
Mother's Name _____ Address _____ Cell Ph: _____
Legal Guardian _____ Address _____ Cell Ph: _____
List any medical problems or prohibition of player _____
Person to notify in emergency _____ Phone _____
Doctor to notify in emergency _____ Phone _____

Is annual family income below \$40,000? Yes _____ No _____
Does this child qualify for the free breakfast/lunch program? Yes _____ No _____
Full name of school student attends _____ Lowell School (1121 S. 3rd Ave Phoenix, AZ 85003) _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give consent for emergency Medical care prescribed by a duly licensed Doctor of medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve then life, limb or well-being of my dependent.

Signature (Parent or legal Guardian) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Work _____

MEDICAL RELEASE NOTARY
(Recommended for in-State play. Required for out-of-state)
Subscribed and sworn to me this day of:
Day _____ Month _____ Year _____

I give AYSA permission to use my player's picture and/or likeness in printed, broadcast and other material providing said material is related to his/her status as a participant.

Signature (parent or legal Guardian) _____