



Angelina Youth Soccer Association

RECREATIONAL SOCCER 2020

SPRING SEASON INFORMATION

Angelina Youth Soccer Association (ANYSA) is a non-profit organization created to assist in the development of and to encourage sportsmanship and community spirit for all soccer youth.

**REGISTRATION FEE:
BEFORE FEBRUARY 1ST: \$55**

**AFTER FEBRUARY 1ST
(\$25 LATE FEE): \$80**

Register online at:
angelinays.gotsport.com

Important Dates to Remember!

Registration at Academy:

January 18, 10am-3pm

Late Registration Begins (\$25 Fee): Feb 1st

Drafting of Teams: Feb 12

Coaches Meeting:

March 3rd at Kit McConnico Park

5:30pm for U5 and U6

6:00pm for U8 and U10

6:30pm for U12 and Up

First Game: March 21

Picture Days: April 4

Last Regular Game: May 2

10th Annual Spring Fling: May 9

Contact Information

REGISTRAR: ANGELINASOCCER@GMAIL.COM

PRESIDENT: BECKYWALKER@CONSOLIDATED.NET

REFEREES: ANGELINASOCCER@GMAIL.COM



*New players
must bring or mail
a copy of their
birth certificate
to verify age.*



**Kit McConnico
Soccer Fields**

CHILDREN REGISTERED AFTER MARCH 1, 2020 ARE NOT GUARANTEED A SPOT ON A TEAM!

Angelina Youth Soccer Association
P.O. Box 153908
Lufkin, Texas 75915-3908
angelinays.gotSPORT.com



2019 Spring Recreation Season
\$55 before 02/01/20 after \$80

Registration:

Amount Paid: _____

Cash/Check#: _____

Rec'd by: _____

Birth Certificate:

On file: _____

Need: _____

Mail: _____

Spring Soccer 2020 Registration Form

Date of Birth: Month _____ Day _____ Year _____

Age: _____ *****A child must be 4, on or before December 31st, 2019, to be eligible to play.*****

Name: Last _____ First _____ Initial _____ Male/Female (circle one)

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell #: _____ Email: _____

Previously played (year): Fall _____ Spring _____ Never Played _____

Please select your child's uniform size. (Shirt only for spring season)

Shirt Size (circle one): Youth: XS(4-6) S(6-8) M(10-12) L(14-16) Adult: S M L XL Other: _____

Shorts Size (circle one): Youth: XS(4-6) S(6-8) M(10-12) L(14-16) Adult: S M L XL Other: _____

Parental Support: We ask for active participation of all parents in our program. Please circle one:

Coach Asst. Coach Team Parent Commissioner Field Preparation Board Member

Name of Parent willing to help: _____ Best Contact #: _____ (Day/Night)

I plan to coach with _____ parent of _____. Birth Date: _____

Emergency Contact:

Person to notify in case of Emergency _____ Phone _____

I, the **parent/guardian** of the **registrant**, a **minor**, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors, recognizing the possibility of physical injury associated with soccer, and in consideration by the USYSA excepting the registrant for its soccer programs and its activities (the programs), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to the same, which transportation I hereby authorize. As the parent or legal guardian of the above name 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 the life, limb, or wellbeing of my dependent.

*****Please note that children cannot wear any jewelry, including earrings, at any time while on the field including practice. Shin guards are to be worn at all times and completely covered by socks.*****

Signature of Parent or guardian: _____ Date: _____

ACHILDWHOSEFORMISRECEIVEDAFTERMARCH1,2020ISNOTGUARANTEEDASPOTONATEAM.