



Angelina Youth Soccer Association

RECREATIONAL SOCCER 2022

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 14th: \$55
AFTER FEBRUARY 14th
(\$25 LATE FEE): \$80
Register online at:
angelinays.gotsport.com

Important Dates to Remember!

The following dates are subject to change

Online and Mail-in Registration Opens:
Jan 12th

Late Registration (\$25 Fee) Begins: Feb
14th

Drafting of Teams: Feb 20th

Coaches Meeting: Feb 21st (u5, u6, u8)
Feb 24(u10 and up)

First Game: March 19

Picture Days: TBD

Last Regular Game: April 30th

10th Annual Spring Fling: May 7th
(Tournament)

Contact Information

REGISTRAR:

haleymarks.anysa@gmail.com

PRESIDENT: CWALKER@CONSOLIDATED.NET

REFEREES: ANGELINASOCCER@GMAIL.COM

New players must
send a copy of their
birth certificate to the
registrar to verify age.



**Kit McConnico
Soccer Fields**



**CHILDREN REGISTERED AFTER March 1, 2022 ARE NOT
GUARANTEED A SPOT ON A TEAM**

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



2022 Spring Recreation Season
\$55 before Feb 1st, 2022 \$80 Registration
Thereafter:
Amount Paid: _____ Cash/Check#: _____
Rec'd by: _____ Birth Certificate: _____
Onfile: _____ Needed: _____

Spring Soccer 2022 Registration Form

Date of Birth: Month _____ Day _____ Year _____

Age: _____ *****A child must turn 4, on or before December 31st, 2021, to be eligible to play.*****

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

Does this player have any siblings in the same age group? If so, list name(s) and DOB: _____

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

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell#: _____ Email: _____

What season & year did he/she most recently play: Fall _____ Spring _____ Never Played _____

Please select your child's uniform size. (only T-shirts provided 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

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

Coach Asst. Coach Team Parent Commissioner Field Preparation Referee Board Member

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

If coaching: I plan to coach with _____. If this person is another parent, please list their child's name and DOB _____

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 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 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: _____

A CHILD WHOSE FORM IS RECEIVED AFTER MARCH 1, 2022 IS NOT GUARANTEED A SPOT ON A TEAM.