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) Ai	American Youth Soccer Organization www.soccer.org						Membership Year: MY2013 AYSO ID #: 592369					
	PLEASE	FILL IN AL	L OF T	HE REQU	ESTED INFO	RMA	TION AND	SIGN	WHERE	INDICATI	ED.		
First Name	First Name Middle Name lan						Last Name Davidson				Suffix		
Gender Birth [X] Male [] Female 1/30/				I'm Volunteering [] Referee [] VI			for the AYSO Position: P Buddy [] Other				Section 2	: Area:	Region #:
Street Address	<u>'</u>	<u>'</u>					Apt #					1	'
1625 Canary Drive City	Sta	te	Zip Code			Area Code			Phone				
Sunnyvale	CA			94087			408 FOR REGIONAL USE ONLY			730-0357			
E-Mail da.l3east@gmail.com	rified by:	- 03L (JINL I				_						
				Con	tact Informa	tion							
School Name								Area Code			Phone		
Emergency Contact Information Scott Davidson							Area Code 408				Phone 823-9540		
Medical Insurance Carrier Physician				n Name			Area Code				Physican Phone		
			Parent	:/Guardiar	n #1 [X] Fathe	er[]	Mother []	Guard	dian				
First Name Scott				Middle I	Name				Last Nar Davidso				
				City Sunnyvale			CA		Zip Code 94087		e-mail address scott@scott-davidson.com		
Employer eBay	Area Code Business/Cellular Telephone 408 823-9540 Area Code 408						Home Phone 730-0357 AYSO is an all volunteer organization. I apply to: [] coach [] Asst Coach [] Referee [] Team Parent [X] Other						n Parent [X
If you ha	ve not alread	y done so, p	olease o	complete a	nd submit a vo	olunt	eer applicati			ou in adv	ance vol	unteering	
Einst Name			Paren		n #2 [] Fathe	r [X]	Mother []	Guar					
First Name Linda				Middle Name						it Name vidson			
Address(if different from pla 1625 CANARY DRIVE	iyer)		City Sunn	yvale		Sta CA			Zip Co 94087		I		s davidson.com
Employer Scitor Corp	Area Code	Business/C	ellular T	Telephone	Area Code 408	-	ne Phone -0357		oach [] A	n all volunteer organization. I apply to : [] Asst Coach [] Referee [] Team Parent []			
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7					sumption of					0			
EMERGENCY AUTHORIZA authorize an adult volunteer agents in the capacity of ac	of the Americ	can Youth O	rganiza	ition ("AYS	O") the above	ider	itified Emerg	gency	Contact a	and/or oth	er official	ls of AYSO to	act as my
medical, surgical or dental e	xamination ar	nd/or treatme	ent. (co	ntinued on	reverse side))					· ·	•	
I HAVE READ THE ABOVE ACKNOWLEDGEMENT AN UNDERSTAND THAT I AN THIS FORM FOR MYSELF	D CONSENT	AGREEME	NTS P	RINTED O	N THE REVE AL RIGHTS B	RSE SY M	SIDE OF T	HIS F	ORM, FU FORM A	LLY UND	DERŚTA EEING T	ND THE TER	ERMS, AND IS
I AGREE A PARENT OR LI SERVICE, OR I PROMISE Y	GAL GUAR	DIAN OF YO	OUTH \	OLUNTE	ER WILL BE	PRE	SENT WHE	N YO	JTH VOL	UNTEER	IS PERI	ORMING V	
Parent/Guardian Signature:								Da					
Scott Davidson		10/16/2013											

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The AYSOEndowment Fund: The AYSO Endowment Fund is committed to bring the AYSO experience to children who need financial help. If ypu would like to make to tax deductile contribution to assist in this effort, please call the Member Services

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