

EPIC Buddy Information Form

This form is supplemental to the annual AYSO Volunteer Registration.



This form must be completed annually. Season: ☐ Spring ☐ Fall 20____

Name _____

Phone _____

Address _____ City _____ Zip _____

School attending _____ Grade _____ Age _____

School's Community Service

Coordinator _____ Phone _____

(if applicable)

So we can pair you with the appropriate player, please provide the following information:

☐ Male ☐ Female Height _____ Weight _____

List any special skills you have:

How many practices and games will you be able to attend? ☐ All
or _____

If you are under the age of 18, your parent needs to sign below.

I hereby give my permission for my son/daughter _____ to participate in the AYSO EPIC Program as a Buddy for a player with special needs. I understand that this is a volunteer position and that if s/he is not currently registered as an AYSO player s/he must register as an AYSO Youth Volunteer and complete the Safe Haven certification class.

Signed _____ Date _____
(Parent or guardian)

(please do not write in the space below)

Region use only

Assigned to (Team)	Assigned to (Player)