

## **California State Soccer Association - South**

	20	-	20	SEASONAL YEAR		FALL		SPRING		SUMME
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## YOUTH PLAYER REGISTRATION APPLICATION

Parent/ Guardian Information				*Require	d field	**At least	one field is require
First Name*	MI Last Na	ame*				Relation*	
Street Address*							
City*				State		ZIP*	
Home Phone**	Work Phone**			Mobile Phor	e**		M - Male
Email*						Gender*	— F - Female
Parental/Volunteer Support: Coach	Manager Referee	e Board Po	sition Fields	Publicity	Con	cession	Fundraising
Player Information							
New Player Returning Player	If returning, Ca	Il South Player ID	Number:				
							M - Male
First Name*	MI Last Na	ame*				Gender*	— F - Female
					ft	in.	lbs
DOB (MM/DD/YYYY)*	Rank		Seasons Played	Н	eight		Weight
School Name*	Grade	Play Type:	Competitive	Signature	Re	creational	TOPSoccer
League*		Club*					
Shirt Size Short Size Sock Size	Age Group	Division	Team ID	Number			
Emergency Contact #1*					Phone*		
Emergency Contact #2					Phone		
If applicable, list any medical problems(s)/physical	limitation(s) the player h	nas:					
As a parent or legal guardian of the above named playe			ed from the Associati	on's magazine, cam	o, ODP, and	other prograr	n mailing list. $\square$
	, .,						· ,
Ve, the registrant and the registrant's legal parent bide by the rules of Cal South and its affiliated opermanent physical injury and possible death assouccepting the youth player's registration and particular citivities ("Youth Programs"), we hereby release, dispragnizations and sponsors, volunteers, their emplicitied for the Youth Programs, against any claim, law chysical injury or death, by or on behalf of the registering transported to or from the came which transported to or from the came of	rganizations and sponse ciated with youth soccer pation in its sanctioned charge and/or otherwise byees and associated pe vsuit or written demand, trant as a result of the re	ors. (2) We recogn activities and gar youth soccer lead indemnify and hor ersonnel, including including but not egistrant's participa	nize the inherent ris nes. In consideratio gues, tournaments a old harmless Cal Sou the owners of field imited to any claims ttion in the Youth Pi	sk of serious or n for Cal South and team travel uth, its affiliated ds and facilities s for personal or rograms and/or	As paren player, I s stated ru frozen at new playe The roste August 1s	acknowledgale (1.5.3): Teamidnight Augers and those rfreeze perion	of the named the the following am rosters shall be gust 1st to all but granted a waiver. d extends from the first Monday after there:
peing transported to or from the same, which trans date of birth from legal records to be provided to a		norize. (3) We auth	iorize verification of	trie registrant's			

Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we

hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. We

hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the

internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal

action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

## Signature of Parent/Legal Guardian

Date

Cash

Date Received

Birth Certificate Checked

Check

Payment Received