

# Program Registration Form | Youth

Soccer Development League



## Participant Information

\_\_\_\_\_  
\*First Name MI \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ **M / F** Youth: **XS S M L** Adult: **S M L**  
Gender \_\_\_\_\_ Shirt Size (circle) \_\_\_\_\_

## Parent / Guardian Information

\_\_\_\_\_  
\*First Name MI \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Relationship \_\_\_\_\_  
\_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_  
\_\_\_\_\_  
\*Home Phone \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
\_\_\_\_\_  
\* Email \_\_\_\_\_

## Emergency Contacts

\_\_\_\_\_  
\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Phone Number \_\_\_\_\_  
\_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Youth Waiver

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all Atlante San Diego FC programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any of Atlante San Diego FC for observation, use of facilities and/or equipment, or participation of the above in any program. I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (I) I have read this document, (II) I have inspected the Atlante San Diego FC facilities and equipment, (III) I accept them as being safe and reasonably suited for the purposes intended, and (IV) I voluntarily sign this document.
2. Release Atlante San Diego FC, its directors, officers, employees, and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near any Atlante San Diego FC program.
3. I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near Atlante San Diego FC program; whether caused by the negligence of the Releases or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.
5. I do hereby authorize Atlante San Diego FC as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Atlante San Diego FC is not responsible for costs incurred for medical care.
6. I consent to Atlante San Diego FC taking photographs, video recording, and /or sound recordings in documenting the activities of Atlante San Diego FC programs and services. We hereby grant Atlante San Diego FC and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Atlante San Diego FC and its affiliate's educational and promotional purposes in manuals, on flyers, the internet or other publications.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY  
 WINTER  SPRING  SUMMER  FALL

# Soccer Development League

Please read the following information and initial. Your initials will serve as an acknowledgement that you understand and will comply with the information.

\_\_\_\_\_ I understand that Atlante San Diego FC has a **ZERO TOLERANCE POLICY** parents and/or family members are expected to act in an appropriate manner according to the Parent Code of Conduct at all Atlante San Diego FC events and programs. Atlante San Diego FC, reserves the right to suspend or expel parents or family members from all Atlante San Diego FC events and programs.

\_\_\_\_\_ I understand that Atlante San Diego FC will **NOT REFUND** Player Registration Fees once program or season has started.

\_\_\_\_\_ I understand that Trophies are not included in Registration Fee. However, parents are given the opportunity to purchase Trophies at the end of the season. (\$10 per Trophy)

## RAFFLE PARTICIPATION IS MANDATORY

\_\_\_\_\_ I understand that I am required to participate in the Soccer Development League Raffle. I will be required to sale a minimum of 4 raffle tickets @ \$5 per ticket; for season participating in.



## PRACTICE DAYS OPTIONS

**MONDAY & WEDNESDAY**

(circle one)

**TUESDAY & THURSDAY**

## PRACTICE TIMES OPTIONS

**SESSION I – 5:00pm to 6:00pm**

(circle one)

**SESSION II – 6:00pm to 7:00pm**