California State Soccer Association - South

20 _____ - 20 _____ SEASONAL YEAR ☐ FALL ☐ SPRING ☐ SUMMER

YOUTH PLAYER REGISTRATION APPLICATION

Parent/ Guardian Information

*Required field **At least one field is required

First Name* | MI | Last Name* | Relation*

Street Address*

City* | State | ZIP*

Home Phone** | Work Phone** | Mobile Phone**

Email* | Gender* (M - Male, F - Female)

Parental/Volunteer Support: ☐ Coach ☐ Manager ☐ Referee ☐ Board Position ☐ Fields ☐ Publicity ☐ Concession ☐ Fundraising

Player Information

☐ New Player ☐ Returning Player If returning, Cal South Player ID Number: _____

First Name* | MI | Last Name* | Gender* (M - Male, F - Female)

DOB (MM/DD/YYYY)* | Rank | Seasons Played | Height ft. in. | Weight lbs.

School Name* | Grade | Play Type: ☐ Competitive ☐ Signature ☐ Recreational ☐ TOPSoccer ☐ CCAP

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 has:

As a parent or legal guardian of the above named player, I request that the registrant's name be removed from the Association's magazine, camp, ODP, and other program mailing list. ☐

Cal South Waiver

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: **(1)** We agree to abide by the rules of Cal South and its affiliated organizations and sponsors. **(2)** We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. **(3)** We authorize verification of the registrant's date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player's age and identity.**(4)** We consent to emergency medical care prescribed by a duly licensed Health Care Provider or 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.

Roster Freeze

As parent/guardian of the named player, I acknowledge the following stated rule (1.5.3): Team rosters shall be frozen at midnight August 1st to all but new players and those granted a waiver. The roster freeze period extends from August 1st through the first Monday after Thanksgiving. **Initial here:** _____

For Club/League Use Only

Date Received _____

Birth Certificate Checked _____

Payment Received _____

Cash _____ Check _____

Signature of Parent/Legal Guardian _____ **Date** _____