

California State Soccer Association - South

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Check

Cash

Date

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**	M - Male
Email* Parental Volunteer Support: Coach	Referee Board Position Fields Pu	ublicity	Gender* F - Female Fundraising
New Player Returning Player	If returning, Cal South Player ID Number:		
First Name*	MI Last Name*		M - Male ——— F - Female Gender*
DOB (MM/DD/YYYY)*	Rank Seasons Play		ft in lbs. Weight
School Name*	Play Type: Competitiv	e Signature I	Recreational TOPSoccer
League*	Club*		
Preferred Division U6 U8	U10 Coed U10 Girls U12 Coed	U12 Girls U14 U1	8
Emergency Contact #1*		Phone*	
Emergency Contact #2		Phone	-
If applicable, list any medical problems(s)/physical lim	itation(s) the player has:		-
As a parent or legal guardian of the above named player, I re	equest that the registrant's name be removed from the Asso	ciation's magazine, camp, ODP, ar	nd other program mailing list.
Cal South Waiver		Roste	r Freeze
We, the registrant and the registrant's legal parent or abide by the rules of Cal South and its affiliated orga permanent physical injury and possible death associate accepting the youth player's registration and participal activities ("Youth Programs"), we hereby release, discha organizations and sponsors, volunteers, their employed utilized for the Youth Programs, against any claim, lawsu physical injury or death, by or on behalf of the registrate being transported to or from the same, which transport date of birth from legal records to be provided to a Cal South player's age and identity. (4) We consent to emer Dentist. This care may be given under whatever condition hereby agree to be financially responsible for all cosphotographs, video recordings, and/or sound recording hereby grant Cal South and their affiliates' permission other reproduction of the same for Cal South and its relations.	nizations and sponsors. (2) We recognize the inherenced with youth soccer activities and games. In consideration in its sanctioned youth soccer leagues, tournamerage and/or otherwise indemnify and hold harmless Calles and associated personnel, including the owners of it or written demand, including but not limited to any clant as a result of the registrant's participation in the Yout cation we hereby authorize. (3) We authorize verification South authorized representative for the limited purpose regency medical care prescribed by a duly licensed Heal ons are necessary to preserve the life, limb or registrant's associated with such treatment. (5) We consent to use the negatives, prints, motion pictures, video/au affiliates' educational and promotional purposes in mar	player, stated frozen a new plate fields and facilities aims for personal or the Programs and/or of the registrant's of verifying the Cal the Care Provider or well-being and we to Cal South taking as and services. We dio tapings, or any muals, on flyers, the	ent/guardian of the named I acknowledge the following rule (1.5.3): Team rosters shall be at midnight August 1st to all but ayers and those granted a waiver. ater freeze period extends from 1st through the first Monday after giving. Initial here: ub/League Use Only eccived ertificate Checked int Received

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