# California State Soccer Association - South
## 2018-19 SEASONAL YEAR
## YOUTH PLAYER REGISTRATION APPLICATION

Make checks/M.O. payable to "ESL"
Mail to:
ESL Rec Registration
1345 Encinitas Blvd. PMB 225
Encinitas Ca 92024

## PARENT/ GUARDIAN INFORMATION

*Required "At least one field required

First Name/Primero Nombre | MI | Last Name/Apelildo | Relation/Relacion*

Street Address/Direccion postal

City/Ciudad* | State/Estado* | Zip Code/codigo postal

Home Phone/Telefono de la casa** | Work Phone(Telefono del trabajo** | Cell Phone/del telefono cellular**

Email Address/dlrecion de correo electronico• | Gender/Sexo•

Volunteer: tari Coach Entrado Asst. Coach Sponsor Patrocinar Picture Day Ola de la Foto Fields Campos

## PLAYER INFORMATION

New Player JugadorNuevo | Returning Player Jugaores que ya | If returning, Cal South Player ID Number:

First Name/PrimeroNombre• | MI | last Name/Apelildo• | GenderSexo* (M • Male F· Female)

DOB (MM/DD/YYYY)* | Seasons Played | Height/Altura (tf. In.) | Weight/Peso (lbs.)

School/Escuela* | Fall 2018 Grade | Play Type liegael □ : Competitive Signature Recreational TOPSoccer CCAP

Encinitas Soccer League | Express Club*

Shirt Size | Short Size | Socks | SeasonalAge | Division | Team ID Number

Emergency Contact/contacto de emergenda#1• | Phone/telefono •

Emergency Contact /contacto de emergencia #2 | Phone/telefono

If applicable, list any medical problems(s)/physlcal limitation(s) the player has /Sl procede, una llsta de cualquler problema medico (s) / llmltlldones flslcas).

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

## 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 affllllated 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 Thanksgiving. 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 player'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** _____

## REFUND POLICY

I acknowledge the refund policy:
75% if the player drops by May 31;
50% by July 31.
No refunds after July 31.
Fees: $140 Micro/$240 all others.
ADD $10 if postmarked after May 31.

***Initial here*** _____

### ForClub/League UseOnly

Date Received _____
Age Verified _____
Payment Received _____
Cash _____ Check # _____