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## YOUTH CLUB REGISTRATION CONFIRMATION

**Club Name:** SAN RAFAEL YOUTH SOCCER CLUB - SRYSC **City:** SAN RAFAEL **State:** CA  
**League Name:** SAN RAFAEL YOUTH SOCCER LEAGUE

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

**Player's Signature/ Firma del jugador** **Date/ Fecha** **Parent/Guardian Signature** **Date/ Fecha**  
(sign at first practice if not present) (si no está aquí firmen en la practica primera) *Firma del padre o guardian*

### PLAYER'S MEDICAL INFORMATION

**Player's Name:** **Birth Date:** **Gender:** ☐ Female / *Feminino*  
*Nombre* *Nacimiento* ☐ Male. *Masculino*

**Street Address:** **City:**  
*Dirección* *Ciudad*

**State:** *Estado* **Zip :** **Player's Email Address:**

**Primary Guardian 1:** **Home Phone:** ( ) **Preferred method of contact:**  
*Guarda primario* *Teléfono casa*  
**Email Address:** **Cell Phone:** ( ) **Receive texts?** ☐ Yes ☐ No  
*Correo electronico* *Tel. celular* *Reciben textos?*  
**Secondary Guardian 2:** **Home Phone:** ( ) **Bus Phone:** ( )  
*Guarda secundario* *Tel. casa*  
**Email Address:** **Cell Phone:** ( ) **Receive texts?** ☐ Yes ☐ No  
*Reciben textos?*

### In an emergency when parent/guardian cannot be reached, please contact the following:

*Quando no podemos contactar los padres, por favor contacto el siguiente:*

**Name** **Phone 1:** ( ) **Cell Phone:** ( )  
*Nombre* *Teléfono* *Teléfono celular*

Please list Allergies the player has:

*Allergias*

Please list other medical conditions:

**Physician** **Phone 1** ( ) **Phone 2:** ( )  
*/ Medico* *Teléfono*

**Medical/Hospital Insurance Company /** **Phone:** ( )  
*Aseguranza del Medico* *Teléfono*

**Policy Holder's Name /Nombre del policia** **Policy Number:**

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature** **Date** **Relation to player:** ☐ Father ☐ Mother ☐ Guardian

**AGE/GENDER GROUP****PLAYER INFORMATION FOR TEAM ASSIGNMENT**

Please note: Special requests are not guaranteed, but we try to accommodate.

**Player Name**

Nombre

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Fecha de nacimiento

**School** (during season)

Escuela:

**Grade** (during season):

Grado

**Were you selected for a Competitive team last Fall?** *Jugado competitivo?*

Yes (Central Marin or West Marin) / No

**Sibling(s)** also playing this season? (sibling's name(s)):

Nombres de los hermanos que estan jugando en esta liga:

**# of Previous Seasons with SRYSC:**or **are you a NEW player?** YES if NEW, see below\***Special Request U6 – U10** (one name):

Petición Especial

Which Soccer Club did you play for last season?

Mill Valley, West Marin, Ross Valley, Novato, San Rafael, Dixie, Central Marin

**\*If NEW to SRYSC, Mother's Birth Date:** month \_\_\_\_/day \_\_\_\_.

Who referred you to SRYSC? \_\_\_\_\_

Nuevo(a)? **Fecha de nacimiento de la madre:** mes \_\_\_\_/ día \_\_\_\_.

Quien lo referó a SRYSC? \_\_\_\_\_

**\*If you are a new player to SRYSC you need to provide a copy of player's birth certificate or passport.**

**PARENT VOLUNTEER INFORMATION**

Each family must volunteer for at least 4 hours throughout the season. This section must be filled out each season.

Some jobs are a one-time event or on-going. Please sign up below for your specific area of interest.

**Primary Guardian** (circle one): Mother / Father**Circle at least ONE Job**

(\*Inquire with a Board Member about Board Positions)

TEAM PARENT for U6 or U7

BOARD MEMBER (free)\*

AGE GROUP COORDINATOR (free)\*

VOLUNTEER COORDINATOR (free)\*

COACH

FIELD PREPARATION

REGISTRATION NIGHT

ADMIN TASKS

PUBLICITY/ SIGNS

ASST COACH

EQUIPMENT HELP

NEWSLETTER

FUNDRAISING

SPONSORSHIP

PARADE (Fall Season only)

**Secondary Guardian** (circle one): Mother / Father

Street Address (if different)

City

State

Zip

**Email Address****Circle at least ONE Job**

(\*Inquire with a Board Member about Board Positions)

TEAM PARENT for U6 or U7

BOARD MEMBER (free)\*

AGE GROUP COORDINATOR (free)\*

VOLUNTEER COORDINATOR (free)\*

COACH

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NEWSLETTER

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SPONSORSHIP

PARADE (Fall Season only)

Please check each box to signify that you understand and agree to abide by our policies.

☐ **Refund Policy**

**All refunds are minus a \$25 processing fee.** Full refunds for players PRIOR to the first practice. No refunds after the first game. There are no refunds for major injuries during the season. All refunds are minus a \$25 processing fee.

☐ **Play Up Policy**

SRYSC follows the US Club age matrix to determine in which age group children play. Age groups are based on how old a child is on JULY 31<sup>st</sup> (before the start of the season). For example, a child that is 7 on Jul 31<sup>st</sup> will play with Under 8 (U8), even if they turn 8 on Aug 1st or during the season. Please refer to the age matrix on our website

(<http://www.sanrafaelsoccer.org/teams.html>). **Play Up forms need to be submitted every season for approval.**

☐ **Volunteer Policy**

A mandatory volunteer fee is paid at the time of registration. The volunteer fee is reimbursed at the end of the season upon completion of volunteer hours. It is the volunteers own responsibility to contact the club to request the reimbursement.

**FOR LEAGUE USE ONLY**

Reg Fee ( )	Birth Certificate ( )	Birthdate Verified (initials) ( )	Board Member ( )
Sibling Disc ( )	Play Up Form ( )		
Scholarship ( ) #		Speical Note:	
<b>TOTAL PAID</b>	Check No.	Cash or Money Order	Reg Initials