



California Youth Soccer Association, Inc. Player Registration Form

20___/20___ Season

PLAYER INFORMATION

Legal First Name* _____ Middle Initial _____ Legal Last Name* _____ Suffix (e.g. Jr.) _____ Gender* _____

/ /

Birth Date (MM/DD/YYYY)* _____ # Prev Seasons _____ Grade _____ School Name (during season of play) _____

List any medical conditions that player has that could affect participation _____

GUARDIAN INFORMATION

Check here if your contact info has changed.

Legal First Name _____ Legal Last Name _____

MI _____ Gender* _____ Relation _____ Email _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____

PARENTAL/VOLUNTEER SUPPORT

Coach Manager Referee Board Fields Concessions Publicity Fundraising

Other: _____

GUARDIAN INFORMATION

Check here if your contact info has changed.

Legal First Name _____ Legal Last Name _____

MI _____ Gender* _____ Relation _____ Email _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____

PARENTAL/VOLUNTEER SUPPORT

Coach Manager Referee Board Fields Concessions Publicity Fundraising

Other: _____

MEDICAL AND LIABILITY RELEASE

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent/legal guardian of the above-named player, or player age 18 or over, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent.

I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

LEAGUE/CLUB USE ONLY

Date Received _____

Picture Received

Birth Doc Received Birthdate Verified

Payment Received _____

Cash _____ Check _____

Scholarship _____



SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____