



# SIMI VALLEY YOUTH SOCCER LEAGUE

## Winter 2021 Soccer Clinic

Cost: \$60 per child



### Parent/Guardian Information

Mr./Mrs./Ms.	Parent/Guardian's First Name	MI	Parent Guardian's Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr./Mrs./Ms.	Parent/Guardian's First Name	MI	Parent Guardian's Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address				
<input type="text"/>				
City				
<input type="text"/>				
State				
<input type="text"/>				
Zip Code				
<input type="text"/>				
Mobile Phone		E-mail		
<input type="text"/>		<input type="text"/>		

### Player Information

Player's First Name (As shown on Birth Certificate)	MI	Player's Last Name (As shown on Birth Certificate)	Nickname or Preferred Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Names of Siblings Registered in League (As shown on Birth Certificate)					
<input type="text"/>					
Gender	Date of Birth (MM/DD/YYYY)	Height	Weight	Grade	School
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-Shirt Size (Circle One)	Medical Conditions				
<input type="text"/>	<input type="text"/>				
Emergency Contact Name 1	Phone	Emergency Contact Name 2	Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Clinic Participation Waiver

I, the undersigned, parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the Simi Valley Youth Soccer League spring soccer clinic ("also referred to herein as "clinic"). I understand that there are inherent risks associated with soccer that are impossible to prevent and I appreciate the types of injuries that may occur as a result of my child's participation in the Simi Valley Youth Soccer League spring soccer clinic. I understand that my child's participation in the clinic is voluntary and that I, and on behalf of my child, KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, even if arising from the ordinary negligence of the Releasees or others. I acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the clinic.

I recognize the possibility of physical injury associated with soccer, and, on behalf of myself, my spouse, my child, my heirs, personal representatives and assigns hereby release, discharge, and otherwise indemnify the sponsoring organization, the Simi Valley Parks and Recreation District, as well as the employees and associated personnel of these organizations, and other participants (collectively "Releasees") against any claim on or behalf of the soccer player named above as a result of the player's participation in the Simi Valley Youth Soccer League spring soccer clinic. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the clinic.

I give permission for my child to be photographed/video recorded while attending the clinic. Photos will be used solely for league marketing efforts. **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.**

### League Use

Date Rec'd \_\_\_\_\_  
Birth Certificate Verified \_\_\_\_\_  
Payment Amount Rec'd \_\_\_\_\_  
Cash \_\_\_\_\_ Credit Card \_\_\_\_\_  
Check \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## CREDIT CARD AUTHORIZATION

DATE: \_\_\_\_\_

COACH: \_\_\_\_\_ DIVISION: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

REGISTRATION FEE:\$ \_\_\_\_\_ UNIFORM FEE:\$ \_\_\_\_\_ TOURNAMENT FEE:\$ \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ SECURITY CODE (3 DIGITS / 4 DIGITS AMEX): \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

***I declare that the information that I have provided on this credit card authorization form is true and correct and that I am the legal cardholder. I hereby authorize Simi Valley Youth Soccer League to charge the above credit card for payment of the amounts indicated above.***

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**Signature of Cardholder**

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**Date**