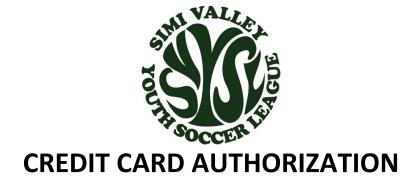


## **SIMI VALLEY YOUTH SOCCER LEAGUE**

## Winter 2021 Soccer Clinic Cost: \$60 per child



Parent/Gu	uardian Information					
Mr./Mrs./Ms.	Parent/Guardian's First Name	MI	Parent Guardian's Last Name		Relationship	
Mr./Mrs./Ms.	Parent/Guardian's First Name	[	Parent Guardian's Last Name		Relationship	
treet Address						
ity				<u>State</u>	Zip Code	
Mobile Phone		_	<mark>E-mail</mark>			
Player Info	ormation					
'layer's First Na	ame (As shown on Birth Certificat	<mark>te)      MI      Player'</mark>	s Last Name (As shown on Birth Cer	tificate) Nicknam	e or Preferred Name	
Names of Siblin	gs Registered in League (As show	wn on Birth Certificate)				
	<u> </u>					
<mark>Gender</mark> O Male (	Date of Birt	h (MM/DD/YYYY) Height	Weight Grade Scho	<mark>o</mark> l		
			Conditions			
Shirt Size (Circ	YL AS AM AL AXL	Medica	al Conditions			
mergency Con		Phone Phone	Emergency Contact Name 2	Phone		
	icipation Waiver					
	ed, parent/guardian, do hereby youth Soccer League spring socc			League Use		
	ent risks associated with soccer t by occur as a result of my child's			Date Rec'd	Date Rec'd	
occer clinic. 1 u	understand that my child's partic GLY AND FREELY ASSUME ALL SU	cipation in the clinic is voluntary	and that I, and on behalf of my	Birth Certifica	Birth Certificate Verified	
rom the ordina	ary negligence of the Releasees o	or others. I acknowledge and u	nderstand that I will be	Payment Amo	ount Rec'd	
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.			Cash	Credit Card		
recognize the	possibility of physical injury ass	sociated with soccer, and, on b	ehalf of myself. my spouse. my	Check	_	
child, my heirs,	personal representatives and a					
	anization, the Simi Valley Parks a ese organizations, and other part		s") against any claim on or behalf			
	ayer named above as a result of t inic. I further acknowledge and		Simi Valley Youth Soccer League responsible for his/her failure			
	rules and regulations of the clini	•	•			
	n for my child to be photographe					
	9		iability and fully understand its Ve agree to waive all such rights			
-	g the right to file a legal action on the section of the section o		r physical injury or death of any			
<b></b>						
Signature				Date		



DATE:			
COACH:		DIVISION:	-
CHILD'S NAME:			
REGISTRATION FEE:\$	UNIFORM FEE:\$	TOURNAMENT FEE:\$	
CARDHOLDER'S NAME:			
CARD NUMBER:			
EXP DATE:	SECURITY CODE (3 DIG	ITS / 4 DIGITS AMEX):	
BILLING ZIP CODE:			
form is true and correc	ct and that I am the leg er League to charge the	ed on this credit card author al cardholder. I hereby au above credit card for payn	thorize
Signature of Cardholde	 er	Date	