

California Youth Soccer Association – South 20 __ _ - 20 __ _ SEASON



PLAYER REGISTRATION APPLICATION

PLEASE PRINT *A required field **At least one is a require	ed field.	
Parent/Admin Information Program Admin Application		
First Name* MI Last Name*	Relation*	
Street Address*		
City*	State Zip*	
Home Phone** Work Phone**	Cell Phone**	
Email*	Gender	
	M - Male F - Female	
Player Information Preferences		
☐ New Player ☐ Returning Player – If returning player, Cal South Player I	D#	
First Name* MI Last Name*		
Gender* DOB (MM/DD/YYYY)* Rank Seasons Played Hei	ght Weight	
F L	ftinlbs.	
School Name* Grade Player Level		
Recreation Competitive		
League* Club*		
Shirt Size Short Size Sock Size Age Group Division Team ID Number		
Emergency Contact #1*	Phone*	
Emergency Contact #2	Phone	
List any medical problem(s)/physical limitation(s) player has:		
Parental/Volunteer Support: ☐ Coach ☐ Manager ☐ Referee ☐ Board Position ☐ Fiel	ds □ Publicity □ Concession □ Fundraising	
YOU'RE A CAL SOUTH MEMBER - GET YOUR BENEFIT		
Your League is affiliated with Cal South (California Youth Soccer Association - South),		
premiere state youth soccer association in the United States. This means your family is a Member of Cal South and receives all of the benefits that come with it. To learn more, g	also	
www.CalSouth.com and click on "Member Benefits" under "Member Central."	Cash Check	
IMPORTANT – I/We, the parent/guardian of the above named player, a minor, and the ab	ove named player agree to the following:	

(1) To abide by the rules of Cal South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. (2) To authorize my child's school to verify the date of birth of my child from school records to a Cal South authorized representative for the limited purpose of Cal South player age verification. (3) To hereby give my 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 my dependent. (4) To hereby give my consent to Cal South to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of Cal South's programs. I grant Cal South permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

] As a parent or legal guardian of the above named player, I request that the registrant's name be removed from the Association's product mailing list.

Signature of Parent/Guardian	D	Date
------------------------------	---	------