California State Soccer Association - South

20 24 - 20 25 Seasonal Year ☐ FALL ☑ SPRING ☐ SUMMER

YOUTH PLAYER REGISTRATION APPLICATION

Parent/Guardian Information

*Required field ** At least one field is required

First Name* | MI | Last name* | Relation*

Street Address*

City* | State* | ZIP*

Home Phone* | Work Phone* | Mobile Phone*

Email* | Gender (M-Male F-Female) | DOB (MM/DD/YYYY)

Parental/Volunteer Support: ☐ Coach ☐ Manager ☐ Referee ☐ Board Position ☐ Fields ☐ Other _____

Player Information

☐ New Player ☐ Returning Player if returning, Cal South Player ID No:

First Name* | MI | Last name* | Gender (M-Male F-Female)

DOB(MM/DD/YYYY)* | Rank | Seasons Played | Height (ft. in.) | Weight (lbs.)

School Name* | Grade | Play Type: ☐ Competitive ☐ Signature ☐ Recreational ☐ TOPSoccer

League* | Club* | Team ID Number

Shirt Size | Short Size | Sock Size | Age Group | Division | Extra Info

Emergency Contact Full Name* | Phone*

If applicable, list any medical problems (s)/Physical limitations (s) the player has on the line above.

Cal South Waiver

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Cal South and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. (6) A. Participation in such Sanctioned Activities inherently includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, B. I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, C. I willingly agree to comply with the stated and customary terms and conditions for participation in such Sanctioned Activities as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I the parent / guardian of a Youth participant acknowledge that in adherence to California Health and Safety Code, Division 106, Part 2., Chapter 4., Article 2.5 Youth Sports Concussion and Sudden Cardiac Arrest Prevention Protocols [124235-124236], that I and my child (Youth participant) have been provided an Information Factsheet for: Concussion; Sudden Cardiac Arrest; and Opioid Use.

Acknowledgement

It is your responsibility to know the rules of each competition and understand those roster freeze details.

Initial Here _____

For Club/League Use

Date Received _____

Birth Certificate Checked _____

Payment Received _____

Notes: _____

_____

Signature of Parent / Legal Guardian | Date