



California Youth Soccer Association - South
19 ___ - 19 ___ SEASON
PLAYER REGISTRATION FORM



S O C C E R

THIS FORM MUST BE TYPED OR PRINTED AND SUBMITTED TO THE LEAGUE
 WITHIN FIVE (5) DAYS OF BEING SIGNED BY PLAYER AND/OR PARENT

<input type="text" value="4"/> <input type="text" value="B"/> <input type="text" value="0"/> <input type="text" value="4"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Region	State	District	League	Club	Team	R - Recreational C - Competitive

LEAGUE USE ONLY	
Date:	_____
Picture Received:	_____
Birth Date Verified:	_____
Reg. Fees Received:	_____
[] Cash [] Check #	_____

<input type="text"/>	<input type="text"/>	<input type="text"/>
League Name	B/G Age Group	Division

<input type="text"/>	<input type="text"/>
Club/Team Name(s)	

<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State I.D. #		Girl	Boy	Birthdate (Month, Day, Year)	

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Initial

<input type="text"/>	<input type="text"/>
House Number and Street Name	City

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Zip	Home Telephone (Area Code & Number)	Number prior seasons played	

Player Signature: _____ Date: ___/___/___ Coach Signature: _____ Date: ___/___/___

Father's Name: _____ Work Phone: _____ Mother's Name: _____ Work Phone: _____

List any medical problem or prohibition player has: _____

Person to notify in emergency _____ Telephone: _____

Doctor to notify in emergency: _____ Telephone: _____

Height: _____ Weight: _____ School: _____ Grade: _____

UNIFORM SIZE	Other Children from Family Presently in League																																												
<table border="0"> <tr> <td></td> <th align="center" colspan="5">Youth</th> <th align="center" colspan="5">Adult</th> </tr> <tr> <td>SHIRTS:</td> <td>XS</td><td>S</td><td>M</td><td>L</td><td>XL</td> <td>XS</td><td>S</td><td>M</td><td>L</td><td>XL</td> </tr> <tr> <td>SHORTS:</td> <td>XS</td><td>S</td><td>M</td><td>L</td><td>XL</td> <td>XS</td><td>S</td><td>M</td><td>L</td><td>XL</td> </tr> <tr> <td>SOCKS:</td> <td>XS</td><td>S</td><td>M</td><td>L</td><td>XL</td> <td>XS</td><td>S</td><td>M</td><td>L</td><td>XL</td> </tr> </table>		Youth					Adult					SHIRTS:	XS	S	M	L	XL	XS	S	M	L	XL	SHORTS:	XS	S	M	L	XL	XS	S	M	L	XL	SOCKS:	XS	S	M	L	XL	XS	S	M	L	XL	<p>_____ Age _____ Age _____</p> <p>Comments: _____</p> <p>_____</p>
	Youth					Adult																																							
SHIRTS:	XS	S	M	L	XL	XS	S	M	L	XL																																			
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SOCKS:	XS	S	M	L	XL	XS	S	M	L	XL																																			

PARENTAL SUPPORT -- We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

<input type="checkbox"/> Coach	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Board Member	<input type="checkbox"/> Clerical	<input type="checkbox"/> Committee	<input type="checkbox"/> News Letter	<input type="checkbox"/> Donor
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Publicity	<input type="checkbox"/> Referee	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Concessions	

IMPORTANT -- I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of CYSA-South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA-South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the CYSA-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.

Name (Please Print): _____

Signature: X _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR) -- As the parent or legal guardian of the above named player, I 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.

Signature Of Parent/Guardian

X _____