

Sierra Foothill Youth Soccer League

20___ / 20___ SEASON

PLAYER INFORMATION	Legal First Name: _____ Mid Init: _____ Last Legal Name: _____
	Date of Birth (MM/DD/YY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Mother's Birth Date (MM/DD/No Year Req'd): _____ / _____
	School (during season): _____ Grade: _____ Last League & Season: _____ # Prev Seasons: _____
	Emergency Contact: _____ Phone: _____ Alt Phone: _____
	List any medical conditions that player has that could affect participation: _____
	Player's Physician: _____ Phone: _____

PRIMARY GUARDIAN	Guardian type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal	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"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Clerical/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____
	Last Name: _____ First Name: _____	
	Company & Occupation: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Address: _____	
	City: _____ Zip: _____	
	Home Phone: _____ Cell: _____	
	Business Phone: _____ Email: _____	

SECONDARY GUARDIAN	Guardian type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal	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"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Clerical/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____
	Last Name: _____ First Name: _____	
	Company & Occupation: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Address (<input type="checkbox"/> Same as Above): _____	
	City: _____ Zip: _____	
	Home Phone: _____ Cell: _____	
	Business Phone: _____ Email: _____	

OFFICIAL USE ONLY	
Dist ___ Lg ___ Club ___ Team ___ U- ___ Div ___	
<input type="checkbox"/> Picture Received	
<input type="checkbox"/> Birth Doc Received	<input type="checkbox"/> Birthdate Verified
Registration Fees:	
Registration Fee\$ _____	Rec'd by: _____
Other Fee\$ _____	Date: _____
TOTAL \$ _____	<input type="checkbox"/> Csh / Ck # _____
	<input type="checkbox"/> Scholarship

IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED	
<p>I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.</p> <p>As the parent/legal guardian of the above-named player, or player age 18 or over, I hereby give 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 me or my dependent.</p> <p>I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).</p>	
GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): _____	
SIGNATURE: _____	DATE: _____