CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

MEMBERSHIP FORM

2008 / 2009 SEASON

PLAYER INFORMATION

Legal First Name: _____ Mid Init: _____ Last Legal Name: _____

Date of Birth: _____ Gender: ☐ M ☐ F Mother's Birth Date (MM/DD): _____/_____

School (during season): _____ Grade: _____ Last League: _____ Last Season/Date: _____

Team/Friend/Coach Request: _____

Requests may not be honored in all clubs and leagues - check with your local club/league before completing.

Emergency Contact: _____ Phone: _____ Alt Phone: _____

List any medical conditions that player has that could affect participation: _____

Player's Physician: _____ Phone: _____

PRIMARY GUARDIAN

Guardian type: ☐ Father ☐ Mother ☐ Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: ☐ M ☐ F

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Business Phone: _____ Email: _____

PARENTAL SUPPORT

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

- ☐ Coach
- ☐ Asst. Coach
- ☐ Team Manager/Parent
- ☐ Referee
- ☐ Field Preparation
- ☐ Concessions
- ☐ Board Member/Committee
- ☐ Clerical/Financial
- ☐ Publicity/Newsletter
- ☐ Special Projects/Fundraising
- ☐ Sponsor

Other: _____

SECONDARY GUARDIAN

Guardian type: ☐ Father ☐ Mother ☐ Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: ☐ M ☐ F

Address: _____

☐ Same as Above

City: _____ Zip: _____

Home Phone: _____ Cell: _____

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Other: _____

OFFICIAL USE ONLY

Dist _____ Lg _____ Club _____ Team _____ U- _____ Div _____

☐ Picture Received ☐ Birth Doc Received ☐ Birthdate Verified

Registration Fees:

Registration Fee ..... $_____ Rec'd by: _____

Other Fee ..... $_____ Date: _____

TOTAL $_____ ☐ Csh / Ck # _____

☐ Scholarship

IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED

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.

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.

GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

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Business Phone: _____ Email: _____

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