



PLAYER REGISTRATION APPLICATION

PLEASE PRINT

*A required field

**At least one is a required 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 ID#
 First Name* **MI** **Last Name***
 M **DOB (MM/DD/YYYY)*** **Rank** **Seasons Played** **Height** **Weight**
 F ft. in. lbs.
 School Name* **Grade** **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 Fields Publicity Concession Fundraising

| | |
|---|---|
| <p>YOU'RE A CAL SOUTH MEMBER – GET YOUR BENEFITS!</p> <p>Your League is affiliated with Cal South (California Youth Soccer Association – South), the premiere state youth soccer association in the United States. This means your family is also a Member of Cal South and receives all of the benefits that come with it. To learn more, go to www.CalSouth.com and click on "Member Benefits" under "Member Central."</p> | <p>LEAGUE USE</p> <p>Date Received _____</p> <p>Birth Certificate Checked _____</p> <p>Payment Received _____</p> <p>Cash _____ Check _____</p> |
|---|---|

IMPORTANT – I/We, the parent/guardian of the above named player, a minor, and the above 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 _____ **Date** _____