

Cali. United Youth Soccer League – CUYSL

Player Registration

Team: _____ Div.: _____ 2ndT _____
 T-Shirts Size: _____ Date: _____ By Staff: _____ Paid \$ _____

Player Name: _____ M / F Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Home Phone # () _____

Cellular Phone #: () _____ Work Phone # () _____

Player's School Name _____ City: _____ Grade #: _____

Since SOCCER creates some risk of injury to participants, the Cal. United Youth Soccer League "CUYSL" requests that the parents of all minor participants, or their legal guardians, assume all risk by signing this general release, waiver, and indemnity agreement.

I certify that I am the parent and /or legal guardian of _____, age _____, and that I am entitle to his/her custody and control, and I do hereby give my permission for said child to participate in **soccer**. I further certify that said child is of good health and has no physical or present injuries or limitations, allergies, heart condition, history of respiratory illness or any other significant medical condition or other impediment, which would endanger him/her participating in such activity or program. Furthermore, it is my duty to report CUYSL any medical change of my son or daughter immediately to comply with above certification.

In consideration of CUYSL's acceptance of such child's application for participation in such activity or program, I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge CUYSL and its officers, coaches, agents, and staff, from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of said child's participation in this activity or program: and, I further agree to indemnify and hold harmless CUYSL, its staff, and agents, from any liability, claim, or action for damages which in anyway arise out of said child's participation in this activity or program, even though that liability may arise out of negligence or carelessness on the part of releasers.

I further understand that accidents may occur during such activity or program and that participants in such activity may sustain personal injures and or property damage as a consequence there of. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless CUYSL, its staff, and agents, from any liability to me or my heirs or assigns for damages arising out of or related to said child's participation in such activity.

I hereby give my consent to CUYSL to take photographs, video recordings, and /or sound recordings of the above named player in documenting the activities of CUYSL programs. I grant CUYSL permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the worldwide web, or in other broadcasts or publications.

I have read and understand the above general release, waiver of liability, and indemnity agreement.

Mother / Parent /Guardian Name: _____ Signature: _____ Date: _____

Emergency Authorization: (Optional)

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize to coaches, assistant coaches, staff, or parents of team members acting in the capacity of active supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and / or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact: **IN CASE OF EMERGENCY, PLEASE NOTIFY:**

_____ at Phone # _____ (Relation): _____
 _____ at Phone # _____ (Relation): _____

IF YOU WISH FAMILY DOCTOR BE CONTACTED IN CASE OF EMERGENCY PLEASE, FURNISH THE FOLLOWING INFORMATION: (I further understand that I am responsible for keeping CUYSL update of any changes in medical data)

DOCTOR's NAME: _____ Phone No. _____

Insurance Name: _____ Policy No. _____