

20

- 20 SEASONAL YEAR

ALYEAR 🗍 FALL 🗍 SPRING 🗍 SUMMER



## YOUTH PLAYER REGISTRATION APPLICATION

nation				*Required field	ALIEdSI	one field is required
	MI Last Name*		Relation*			
				State	ZIP*	
Home Phone** Work F		·k Phone** N		Mobile Phone**	M - Male	
					Gender*	F - Female
New Player Returning Player		MI Last Name*			M - Male F - Female Gender*	
					ft in.	lbs.
	Rank	Play Type		Height		Weight
	Grade					
	JGRAM	Club*	REMIERFC			
Sock Size	Age Group	Division				
				Phone	<u>*</u>	
				Phone	2	
	Returning Player	Returning Player   MI Last No   Work Phone**   MI Last No   Rank   Grade   ST TOUCH PROGRAM	MI Last Name*     MI Last Name*     Work Phone**     Work Phone**     MI Last Name*     MI Last Name*     Rank   Grade Play Type:   ST TOUCH PROGRAM	MI Last Name*     MI Last Name*     Work Phone**     Work Phone**     MI Last Name*     Returning Player     MI Last Name*     Grade Play Type:     Recreational     Club*	MI       Last Name*         State         Work Phone**         MI       Last Name*         MI       Last Name*         Returning Player         MI       Last Name*         Rank       Seasons Played         Grade       Play Type:         Recreational         Club*         Sock Size       Age Group         Division	MI       Last Name*       Relation*         State       ZIP*         Work Phone**       Mobile Phone**         Gender*       Gender*         MI       Last Name*         Returning Player       MI         Rank       Seasons Played         Grade       Play Type:         Recreational         LA PREMIER FC         Club*

If applicable, list any medical problems(s)/physical limitation(s) the player has:

As a parent or legal guardian of the above named player, I request that the registrant's name be removed from the Association's magazine, camp, ODP, and other program mailing list.

## **Cal South Waiver**

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Cal South and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personalor physical injury or death, by or on behalf of the registrantas a result of the registrant'sparticipation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize.(3) We authorize verification of the registrant's date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player's age and identity(4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

## **Roster Freeze**

As parent/guardian of the named player, I acknowledge the following stated rule (1.5.3): Team rosters shall be frozen at midnight August 1st to all but new players and those granted a waiver. The roster freeze period extends from August 1st through the first Monday after Thanksgiving.Initial here:

For Club/League Use Only				
Date Received				
Birth Certificate Checked				
Payment Received				
Cash C	Check			

## Signature of Parent/Legal Guardian