

# 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: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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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 Company & Occupation: \_\_\_\_\_ Gender:  M  F  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 Field Preparation  
 Concessions  
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 Sponsor  
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 Same as Above  
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