CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.
MEMBERSHIP FORM
20____ / 20____ SEASON

PLAYER INFORMATION

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

Date of Birth (MM/DD/YY): _____ Gender: ☐ M ☐ F Mother's Birth Date (MM/DD/No Year Req'd): _____/_____

School (during season): _____ Grade: _____ Last League & Season: _____ # Prev Seasons: _____

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

Home 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

Home Address (☐ Same as Above): _____

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: _____

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.

I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

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

SIGNATURE: _____ DATE: _____

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