



California State Soccer Association - South

2020 - 2021 SEASONAL YEAR FALL SPRING SUMMER

YOUTH PLAYER REGISTRATION APPLICATION

Make check to: 'ESL'
Mail to: Express Rec
1345 Encinitas Blvd
PMB 225
Encinitas Ca 92024

Parent/ Guardian Information

*Required field

**At least one field is required

First/Primer* _____ MI _____ Last Name/APELLIDO* _____ Relation _____

Street Address _____
Direccion Postal* _____

City/Ciudad* _____ State _____ ZIP* _____

Home/Casa Phone* _____ Work Phone** _____ Mobile Phone** _____

Email* _____ Gender/Sexo* _____ M - Male
F - Female

Parental/Volunteer Support: Coach Entrador Assist Team Sponsor Other Fields Picture Day Fundraising

Player Information

New Player Returning Player

First Name* _____ MI _____ Last Name* _____ Gender/sexo _____ M - Male
F - Female

DOB (MM/DD/YYYY)* _____ Rank _____ Seasons Played _____ Height _____ ft. _____ in. _____ lbs.
Weight _____

School Name* _____ FALL Grade _____ Play Type: Recreational Signature Competitive TOPSoccer

NCRL/Presidio Express
League* _____ Club* _____

Shirt Size _____ Short Size _____ Sock Size _____ Age Group _____ Division _____ Team ID Number _____

Emergency Contact #1* _____ Phone* _____

Emergency Contact #2 _____ Phone _____

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 personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation 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.

Signature of Parent/Legal Guardian _____

Refund Policy Initial below

As parent/guardian of the named player, I acknowledge the following:
75% if player drops by May 31; 50% if by July 31. 0% after July 31.
Fees: Micro \$130 walk-in; \$140 mail-in.
Older \$220 walk-in; \$240 mail-in Add \$10 after May 31. **Initial here:** _____

For Club/League Use Only

Date Received _____
Birth Certificate Checked _____
Payment Received _____
Cash _____ Check _____

Date _____