

PYSL, INC. RECREATIONAL SOCCER APPLICATION

PLEASE PRINT

ALL CLEAR FIELDS ARE REQUIRED

DO NOT FILL IN SHADED AREAS

PLAYER INFORMATION

PLAYER'S FIRST NAME: MI.: LAST NAME:

BOY GIRL BIRTHDAY

RETURNING PLAYER NEW PLAYER SEASONS PLAYED

REQUEST (NO GUARANTEE IS MADE BY LEAGUE)

SCHOOL DURING SEASON OF PLAY

GRADE DURING SEASON OF PLAY

PARENT INFORMATION

MOTHER'S FIRST NAME:

MOTHER'S LAST NAME:

FATHER'S FIRST NAME:

FATHER'S LAST NAME:

PLAYER'S STREET ADDRESS:

CITY

ZIP CODE:

PREFERRED PHONE:

MOTHER'S CELL PHONE:

FATHER'S CELL PHONE:

PREFERRED E.MAIL ADDRESS:

SECONDARY E.MAIL ADDRESS:

EMERGENCY CONTACT NAME #1: (OTHER THAN PARENT)

PHONE NUMBER:

EMERGENCY CONTACT NAME #2: (OTHER THAN PARENT)

PHONE NUMBER:

LIST ANY MEDICAL CONDITIONS OR LIMITATIONS THAT PLAYER HAS:

I WOULD LIKE TO VOLUNTEER FOR THIS PLAYER'S TEAM:

HEAD COACH: ASSISTANT COACH: TEAM ASSISTANT/MANAGER: BOARD MEMBER:

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. 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. We sign this release form freely of our own free will.

Signature of Parent/Guardian _____ **Date** _____

League use only

DATE RECEIVED:

AGE VERIFIED: LEAGUE INITIAL

AMOUNT RECEIVED

AGE GROUP