



PLAYER REGISTRATION PACKET FALL SEASON 2017

Directions:

Complete the attached youth player application. Be sure to fill in information for all fields marked with an asterisk (*). Please also be sure to note any medical conditions the player may have. Not providing all the required information will delay the processing of your application. You may complete the application online prior to printing at Cal South.

Read the waiver and provide a signature at the bottom of the document. Applications must be signed by the parent/guardian of the player in order to be accepted. Be sure to also initial the "Roster Freeze" notice on the bottom right.

Mail the completed application along with the appropriate payment to the address noted below. Fees are calculated based on the age group of the player.

Age	Division	Fee
4-5	Under 6	\$65
6-7	Under 8	\$85
8-9	Under 10	\$85
10-11	Under 12	\$85
12-13	Under 14	\$85
14-15	Under 16	\$85
16-18	Under 19	\$85

For under 8 division and older a discount of \$5 per player is given for the 2nd (\$80), 3rd (\$75) and 4th (\$70) player of the same immediate family. (Example: If you sign up a player in Under 8 and Under 10 the total due would be \$85 + \$80 = \$165.00.) Note that no additional discount is provided for Under 6 players. (Example: If you sign up a player in Under 6 and Under 8 the total due would be \$65 + \$85 = \$150.00.)

We accept cash or check only. Please do not send cash in the mail. To pay by check please make it out to SBSA.

Note that any registration forms **not received by June 30th** will be required to pay an additional fee of \$20. Note that they must be received by that date and not just mailed by that date.

Mail your completed application and check to:
SBSA, P.O. Box 6432, Los Osos, CA 93412

Please consult our website at www.sbsa.us for additional information about a calendar of events between now and the start of the season. On the website you can also find contact information for the Board members. Please contact us if you have any questions.



California State Soccer Association - South

20 17 - 20 18 SEASONAL YEAR FALL SPRING SUMMER



YOUTH PLAYER REGISTRATION APPLICATION

First Name* _____ MI _____ Last Name* _____ Relation* _____

Street Address* _____

City* _____ State _____ ZIP* _____

Home Phone** _____ WorkPhone** _____ Mobile Phone** _____

Email* _____ Gender* M - Male F - Female

Parental/Volunteer Support: Coach Manager Referee Board Position Fields Publicity Concession Fundraising

New Player Returning Player If returning, Cal South Player ID Number: _____

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

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

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

South Bay Soccer Association League* _____ 0707-01 Club* _____

XXXXX XXXXX XXXXX _____ _____ _____
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.

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.

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 _____ Check _____

Signature of Parent/Legal Guardian _____

Date _____



South Bay Soccer Association
P.O. Box 6432
Los Osos
CA 93412-6432

PHOTO/VIDEO CONSENT & RELEASE FORM

I hereby grant permission to South Bay Soccer Association (“SBSA”) for images of me, or if applicable, of my minor child(ren) named below captured during regular and special activities of SBSA, to be used by SBSA and/or its affiliates for promotional purposes in any media, without restriction as to alterations. I consent to such uses and hereby waive all rights to compensation and any right to inspect or approve the finished product or image, regardless of format. I understand that no names will be used in connection with the images.

This consent is effective until such a time as I revoke it in writing and provide a copy of the revocation to South Bay Soccer Association.

_____ (Print full legal name of parent/guardian)

_____ (Legal signature)

As applicable, complete the lines below:

_____ (Print full legal name of minor)

_____ (Print full legal name of minor)

_____ (Print full legal name of minor)

_____ Date