



# California Youth Soccer Association, Inc.

1040 Serpentine Lane, Suite 201, Pleasanton, CA 94566-4754

# Membership Form

20\_\_/20\_\_ Season

Any adult rostered on a Cal North sanctioned team is required to have an approved background check conducted by the California Department of Justice, which reports criminal history, and subsequent arrests in the state of California. For more information regarding Cal North's Risk Management Program, please refer to the Cal North Website, [www.calnorth.org/programs/risk\\_management/](http://www.calnorth.org/programs/risk_management/).

**PLAYER INFORMATION**

Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Legal Last Name \_\_\_\_\_ Suffix (e.g. Jr.) \_\_\_\_\_

Gender  
 M  F

Birth Date (MM/DD/YYYY) \_\_\_\_\_ # Prev Seasons \_\_\_\_\_ Last League and Season \_\_\_\_\_

Grade \_\_\_\_\_ School Name (during season of play) \_\_\_\_\_ Team/Friend/Coach Request (Requests may not be honored in all clubs/leagues) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

List any medical conditions that player has that could affect participation \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**GUARDIAN INFORMATION**

Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Legal Last Name \_\_\_\_\_ Suffix (e.g. Jr.) \_\_\_\_\_

Relation Type  
 Mother  Father  Other Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Gender  
 M  F

Email \_\_\_\_\_ Company/Occupation \_\_\_\_\_

**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: \_\_\_\_\_

**GUARDIAN INFORMATION**

Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Legal Last Name \_\_\_\_\_ Suffix (e.g. Jr.) \_\_\_\_\_

Relation Type  
 Mother  Father  Other Guardian: \_\_\_\_\_

Address  Check here if address is the same as above. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Gender  
 M  F

Email \_\_\_\_\_ Company/Occupation \_\_\_\_\_

**PARENTAL SUPPORT**  
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**OFFICIAL USE ONLY**

Dist \_\_\_\_ Lg \_\_\_\_ Club \_\_\_\_ Team \_\_\_\_ U- \_\_\_\_ Lvl \_\_\_\_

- 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: \_\_\_\_\_