



PLAYER REGISTRATION FORM

2010/2011 SEASON

PLAYER INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Home Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Gender: M F School: _____

1. Parent/Guardian Name(s): _____ Relationship: _____

Telephone: _____ Alternate Telephone: _____

Email Address: _____

2. Parent/Guardian Name(s): _____ Relationship: _____

Telephone: _____ Alternate Telephone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name(s): _____ Relationship: _____

Telephone: _____ Alternate Telephone: _____

List any medical conditions that player has that could affect participation, and any medication(s) the player is taking: _____

Player's Physician: _____ Physician's Telephone: _____

MEDICAL & LIABILITY RELEASE

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 Santa Cruz City Youth Soccer Club (hereinafter referred to as "the Club") 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 Club, the owners and operators of 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 and from the program. I further grant the Club the right to use the player's name, picture and/or likeness in printed, broadcast or 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 wellbeing of the player.

Parent or Guardian Signature: _____

Printed Name: _____ Execution Date: _____

PARENTAL SUPPORT

I am interested in contributing to the success of the Club in the following capacity (Thanks!):

Team Sponsor Coach Ass't Coach Team Manager/Parent Referee Board Member

Field Setup/Preparation Other : _____

REGISTRATION CHECKLIST

Registration Form: completed, signed in ink, mailed to SCCYSC, PO Box 2039, Santa Cruz CA 95063.

Copy of Birth Certificate: enclosed (All registrants must be at least 4 years old on July 31st, 2010).

Check for \$150*: to "SCCYSC" enclosed (\$125 if paid by April 21st, or anytime for players who are 4 or 5 years old on July 31st 2010). Subtract \$10 for additional siblings.

*Financial aid is available. Get application at walk-in registration or club's web site. We want every child to play who wants to play!

If sponsoring team: Completed Sponsorship Form (available as SantaCruzSoccer.com) & \$300 check.

If coaching: Completed Form 1628 (available at SantaCruzSoccer.com).

For Official Use Only: Date: _____ Check #: _____ Fee: _____ Notes: _____

Santa Cruz City Youth Soccer Club

www.SantaCruzSoccer.com (831)460-2549 info@SantaCruzSoccer.com