



# ADVANCED SUMMER CAMP PLAYER REGISTRATION FORM

SUMMER 2011

## 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: \_\_\_\_\_

## REGISTRATION CHECKLIST

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

**Check for \$125\*:** made out to "SCCYSC" enclosed.

\*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!

<b>For Official Use Only:</b> Date: _____	Check #: _____	Fee: _____	Notes: _____
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## **Santa Cruz City Youth Soccer Club**

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