


# Registration Instructions

To register players for the 2010 spring season:

1. Download registration form 1601 from website, or pick up in person where available. You will need 2 copies of the form for each child you are registering.
2. Fill out the form completely, where indicated on the following example:

Fill this section in, birth date in mm/dd/yyyy format.

**CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.**  
**MEMBERSHIP FORM**  
 20\_\_ / 20\_\_ SEASON



<b>PLAYER INFORMATION</b>	Legal First Name: _____ Mid Init: _____ Last Legal Name: _____ Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Mother's Birth Date (MM/DD): ____/____/____ School (during season): _____ Grade: _____ Last League: _____ Last Season/Date: _____ Team/Friend/Coach Request: _____ <small>Requests may not be honored/local clubs and leagues - check with your local club/league before completing.</small> Emergency Contact: _____ Phone: _____ Alt Phone: _____ List any medical conditions that player has that could affect participation: _____ Player's Physician: _____ Phone: _____	
<b>PRIMARY GUARDIAN</b>	Guardian type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Last Name: _____ First Name: _____ Company & Occupation: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell: _____ Business Phone: _____ Email: _____	<b>PARENTAL SUPPORT</b> We ask for active participation of all parents in a program. Can you assist in ways you would be willing to help? <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Club Call/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____
<b>SECONDARY GUARDIAN</b>	Guardian type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Last Name: _____ First Name: _____ Company & Occupation: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Address: _____ <input type="checkbox"/> Same as Above City: _____ Zip: _____ Home Phone: _____ Cell: _____ Business Phone: _____ Email: _____	<b>PARENTAL SUPPORT</b> We ask for active participation of all parents in a program. Can you assist in ways you would be willing to help? <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Club Call/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____
<b>OFFICIAL USE ONLY</b>	<b>IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED</b> 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 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/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 child/children. GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): _____ SIGNATURE: _____ DATE: _____	
<b>OFFICIAL USE ONLY</b>	Dist _____ Lg _____ Club _____ Team _____ U- _____ Div _____ <input type="checkbox"/> Picture Received <input type="checkbox"/> Birth Doc Received <input type="checkbox"/> Birthdate Verified Registration Fees: Registration Fee: _____ \$ _____ Rec'd by: _____ Other Fee: _____ \$ _____ Date: _____ TOTAL \$ _____ <input type="checkbox"/> Csh / Ck # _____ <input type="checkbox"/> Scholarship	

Complete the following two sections, including e-mail.

We need coaches! No coaches, no teams. Please volunteer your time whenever possible.

Please leave this section blank

Please sign the form

FORM #1601, REV 11/07

3. Make a copy of the child's proof of age. Any of the following documents may be used:

An official county or state issued birth certificate, passport, and alien registration card issued by the United States Government, a current driver's license, or a current identification card issued by the Department of Motor Vehicles.

Hospital issued certificates, baptism certificates, or other religious certificates will not be accepted as proof of age.