



City SC San Marcos

"A Local League for Local Families"



Recreation Registration Form

PLAYER INFORMATION

First name		Last Name			
Street address		City		Zip code	
Emergency contact (other than parent) and telephone			Physician name and telephone		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date / /	Age	Grade	School	Years of soccer experience

Please note any injuries, physical limitations or medical conditions:

PARENT/GUARDIAN INFORMATION

First name	Last name	Home phone	Relationship to player
Occupation	Cell phone	Email address	
I would like to volunteer to: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant coach <input type="checkbox"/> Referee <input type="checkbox"/> Concessions <input type="checkbox"/> Field Set Up <input type="checkbox"/> Other _____			

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SPONSORSHIP/DONATION

City SC San Marcos is a non-profit organization that relies heavily on donations and community sponsorships. If you would like to make a donation, please indicate amount below and thank you in advance for your generous support. Please visit cityscsanmarcos.com for sponsorship information.

\$25 \$50 \$100 Other amount: _____

PAYMENT

Amount Enclosed: _____

Check Number: _____

RELEASE INFORMATION

I, the registrant's legal parent or guardian, and the registrant, 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 and SMYS 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.

Parent/Guardian Signature _____ Date _____

League Use

<input type="checkbox"/> New Player <input type="checkbox"/> Returning Player	Amount Paid:	Method of Payment	Age Verified By:
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