



YOUTH MEDICAL PLAY DOWN VERIFICATION FORM
 (Child with Disabilities or Physical Challenges Playing Recreational Soccer)
 This is a request and approval is not guaranteed. Allow 5 to 7 days for a decision

Player's Information

Full Name _____ Date of Birth _____ Age _____
 Current School and Grade _____
 Cal South Player ID# _____ Requested Play Down Age Group _____

Parent/Legal Guardian's Information

Full Name _____ Email _____ Phone _____

Requester's Information

Full Name _____ Email _____ Phone _____
 Relationship (i.e. coach, club admin, parent) _____
 Reason for the request _____
 Requested Season (Fall, Spring or Summer) _____ Entire team number _____

Additional Documents Required: ___ Physician Statement ___ Medical Release ___ Proof of Age Document

AGREEMENT TO HOLD HARMLESS

I, _____, am the parent/legal guardian of _____

I hereby agree and acknowledge the following:

- (1) I agree to abide by the rules of Cal South and its affiliated organizations and sponsors and that California law governs this agreement.
- (2) I 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"), I 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, ("Released Parties"), 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 I hereby authorize.
- (3) I 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) I 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 I hereby agree to be financially responsible for all costs associated with such treatment.
- (5) **Release and Indemnification. The undersigned agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, related to, Participant's participation in the activities.**

I have read this release and waiver of liability and fully understand the terms. I understand that I waive substantial rights by signing this form. I 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. I sign this release form freely of my own free will.

Parent/legal guardian Signature _____ Date _____

APPROVALS

_____ Affiliate Member President Name (Print)	_____ Affiliate Member President Signature	_____ Date
_____ Affiliate Member Director of Coaches Name (Print)	_____ Affiliate Member Director of Coaches Signature	_____ Date
_____ Cal South District Commissioner Name (Print)	_____ Cal South District Commissioner Signature	_____ Date