



CALIFORNIA STATE SOCCER ASSOCIATION - SOUTH ADULT PLAYER REGISTRATION (MINORS) & PARENTAL RELEASE FORM



NOTICE: A player with a minimum age of 14 years as of August 1, may be eligible to participate in Cal South adult soccer program upon full completion of this form and online registration.

Adult League Name

Adult Team Name

First Name

Middle Name

Last Name

Gender

☐ M ☐ F

DOB (MM/DD/YYYY)**

Email Address

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Emergency Contact

Phone

List any player medical problem(s) or physical limitation(s). If none, please write in "None" below:

****THE MINOR AND THE PARENT/LEGAL GUARDIAN MUST SIGN BELOW**

We, the registrant and the registrant's legal parent or guardian, 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 adult soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned adult soccer leagues, tournaments and team travel activities ("Adult 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 Adult 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 Adult 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 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. (6) We hereby further agree that upon the registrant turning 18 years of age, and prior to playing in any games after turning the age of 18, registrant will register with Cal South as an adult. 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.

Signature of Parent or Legal Guardian _____

Date _____

Signature of Registrant/Participant/Player (a minor) _____

Date _____

Adult Leagues MUST forward a fully signed copy to the CAL SOUTH corporate office prior to play by the Minor

Adult League Use:

Completed Form Received: ____/____/____

Date of Birth Document Verified: YES / NO

League Registrar Signature: _____

Date: _____