



# California State Soccer Association - South

20 \_\_\_\_ - 20 \_\_\_\_ Seasonal Year  FALL  SPRING  SUMMER

## PROGRAM ADMINISTRATION REGISTRATION FORM

### Administrator Information

\*Required field \*\* At least one field is required

First Name\* \_\_\_\_\_ MI \_\_\_\_\_ Last name\* \_\_\_\_\_ Suffix \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Work Phone\* \_\_\_\_\_ Mobile Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_ Gender \_\_\_\_\_ M-Male  
F-Female \_\_\_\_\_ DOB \*(MM/DD/YYYY) \_\_\_\_\_

### Admin Information

New

Returning

if returning, Cal South Admin ID No:

Role:  Team Parent  Team Assistant  Team Manager  Assistant Coach  Coach  Other \_\_\_\_\_

League\* \_\_\_\_\_ Club\* \_\_\_\_\_ Team ID Number \_\_\_\_\_

Play Type:  Competitive  Signature  Recreational  TOPSoccer

### Cal South Waiver

**Administrator Mandatory Reporting APPP:** I understand that Cal South and my club have an Athlete and Participant Protection Policy (APPP). I also understand that I am subject to applicable FEDERAL and STATE LAW of MANDATORY REPORTER of CHILD ABUSE and NEGLECT and report REASONABLE SUSPICION of such to LAW ENFORCEMENT. I understand it is my responsibility to obtain, read and understand APPP and my responsibility as a MANDATORY REPORTER. I am also aware that I can REPORT A CONCERN to Cal South of any violation of the APPP policy by going to <http://www.calsouth.com/safesport/> and use any of the methods provided to REPORT A CONCERN and find needed resources to fulfill my responsibility as a MANDATORY REPORTER. I understand that Cal South may deny participation to any person who has been arrested or convicted of a crime. That in applying for a Cal South position, I am required to be subject to a criminal history check and subsequent arrest notification requiring fingerprinting. Finally, I understand that as a Program Administrator, I hereby agree to abide by league, club, Cal South, US Youth Soccer, USSF and FIFA Bylaws, rules, regulations, policies, and procedures. I further agree that I am accountable for knowing, understanding, and following the same Bylaws, rules, regulations, policies, and procedures. **ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT – ADMIN CALIFORNIA STATE SOCCER ASSOCIATION SOUTH (CAL SOUTH) WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT:** In consideration of being allowed to participate in athletic programming, sanctioned activities, and events (collectively Sanctioned Activities) related to the California State Soccer Association-South (Cal South) and affiliate members (RELEASEES), the undersigned acknowledges, appreciates, and agrees that: Participation in such Sanctioned Activities inherently includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation in such Sanctioned Activities as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Releasees their officers, directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Sanctioned Activities, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to defend and indemnify RELEASEES for all such claims, causes of actions, allegations or matters arising out of, relating to, based upon or in any way connected to my participation in such Sanctioned Activities. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. FOR CAL SOUTH PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child/ward presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a serious illness. IF THIS ELA IS EXECUTED BY AN INDIVIDUAL OTHER THAN THE PROFILE OWNER OR THE PARENT OR GUARDIAN OF THE YOUTH ADMINISTRATOR, then I the representative of the Cal South Affiliate Member attest that the Waiver for Communicable Disease has been provided to and signed by the administrator or the youth administrators Parent / Guardian and it is in our association records. Cal South may request a copy at any time and it will be provided. **COVID-19 Prevention and Protocols Acknowledgement:** Please refer to the Cal South website at <https://calsouth.com> for updated information Cal Souths COVID-19 Prevention and Protocol Information.

### Acknowledgement

It is your responsibility to know the rules of each competition and understand those roster freeze details. Initial Here \_\_\_\_\_

Signature of Administrator

Date