California State Soccer Association - South

20 ____ - 20 ____ Seasonal Year ☐ FALL ☐ SPRING ☐ SUMMER

YOUTH PLAYER MEDICAL PLAY DOWN VERIFICATION FORM

Parent/Guardian Information

*Required field ** At least one field is required

First Name* | MI | Last name* | Relation*

Requestor Information

*Required field ** At least one field is required

Full Name* | email* | Phone*

Relationship (i.e. coach, club admin, parent)* :_____

Reason for request* _____

Player Information

☐ New Player ☐ Returning Player if returning, Cal South Player ID No:

Full Name | Date of Birth | Age

Current School Name | Grade

League | Club | Team Name

Entire Team ID | Requested play down age group

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

AGREEMENT TO HOLD HARMLESS

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.

Signature of Parent / Legal Guardian | Date

APPROVALS

Club Member President (Print) | Club Member President Signature | Date

Club Member Director of Coaches Name (Print) | Club Member Director of Coaches Signature | Date

Cal South State Administrator Name (Print) | Cal South State Administrator Signature | Date

Once filled out please email to administrativeservices@calsouth.com