League Use Only	
Day 1	
Day 2	
Day 3	
Day 4	

Bib Number _____

Boys / Girls _____

Played Last Season (Club, etc.) _____

Tryout Registration Form

California Youth Soccer Association (CYSA) – South
20___ - 20___

PLAYER REGISTRATION FORM

04	01	12	00	C
State	**District**	**League**	**Club**	**C=Competitive R=Recreational**

PQYSA
League Name

COMPLETE ALL YELLOW SECTIONS BELOW. Form can be completed electronically and printed out. Print legibly.

☐ **Female** ☐ **Male**

Birthday (Month / Day / Year)

Player LAST Name | **Player FIRST Name**

Address

City | **State** | **Zip** | **Phone Number**

Email Address | **Alternate Phone**

Important – I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the CYSA-South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and inconsideration for the CYSA-South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the CYSA-South, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (PRINT)			
Signature X		Date	

CONSENT FOR MEDICAL TREATMENT (MINOR) – As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent / Guardian

X