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## YOUTH CLUB REGISTRATION CONFIRMATION

Club Name **San Rafael Youth Soccer Club - SRYSC** City **San Rafael** State **CA**

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time.

<b>Player's Signature</b> <i>Firma del jugador</i>	<b>Date/ fecha</b>	<b>Parent/Guardian Signature</b>	<b>Date/ fecha</b>
<small>(sign at first practice if not present) (si no está aquí firmen en la practica primera)</small>		<small>Firma del padre o guardian</small>	

### PLAYER'S MEDICAL INFORMATION

Player's Name <i>Nombre</i>	Birth Date <i>Fecha de nacimiento</i>
Street Address <i>Dirección</i>	City <i>Ciudad</i>
	State <i>Estado</i>
	Zip <i>Coda postal</i>
Email Address <i>Correo electronico</i>	

*Note: Secondary Guardian's address and email can be provided on page 2*

Father's Name <i>Nombre del padres</i>	Home Phone ( ) <i>Teléfono de la casa</i>	Bus Phone ( ) <i>Teléfono celular</i>
Mother's Name <i>Nombre del madre</i>	Home Phone ( ) <i>Teléfono de la casa</i>	Bus Phone ( ) <i>Teléfono celular</i>

*Note: Cell phone numbers can be provided on page 2*

#### **In an emergency when parent/guardian cannot be reached, please contact the following:**

*Cuando no puede hablar con los padres, por favor contacto el siguiente:*

Name <i>Nombre</i>	Home Phone ( )	Bus Phone ( )
Name <i>Nombre</i>	Home Phone ( )	Bus Phone ( )

Allergies <i>Allergias</i>	
Other Medical Conditions <i>Otro condiciones medicales</i>	
Physician <i>Medico</i>	Bus Phone ( )
Medical/Hospital Insurance Company <i>Aseguranza del medico</i>	Phone ( )
Policy Holder's Name <i>Nombre de la policia</i>	Policy Number <i>Número de la policia</i>

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Relation to player: father, mother, guardian) *Relación del jugador/a* \_\_\_\_\_



**AGE/GENDER GROUP**

**PLAYER INFORMATION FOR TEAM ASSIGNMENT**

*Please note: Friend/ school/ coach and practice requests are not guaranteed, but we try to accommodate*

Player Name <i>Nombre</i>	Birth Date: ____/____/____ <i>Fecha de nacimiento</i>	Gender: Boy / Girl <i>Sexo</i>
School (during season) <i>Escuela:</i>	Grade (during season): <i>Grado</i>	Ever Played on a select team? Yes/No <i>Jugado competitivo?</i>
Sibling(s) also playing this season? (sibling's name(s)): <i>Nombres de los hermanos que estan jugando en esta liga:</i>		
U6-U10 Friend Request 1: <i>Pedido de un amigo/a</i>		
U6-U10 Friend 2:		
U6-U10 Coach Request: <i>Pedido de un entrenador</i>		
<b>CANNOT PRACTICE</b> (circle one day ONLY) Mon Tues Wed Thur Fri <i>Circulo solo un día que <b>no puede practicar</b></i>		
# of Previous Seasons:	*or are you a new player? YES / NO <i>If new to SRYSC, Mother's Birth Date: day ___/month ___</i> <i>Fecha de nacimiento de la madre: día ___/ mes ___</i>	

*\*If you are a new player to SRYSC you need to provide a copy of player's birth certificate or passport.*

**PARENT VOLUNTEER INFORMATION**

*Each family must volunteer for at least 4 hours throughout the season.  
This can be a one-time event or on-going. Please sign up below for your specific area of interest.*

<b>Primary Guardian</b> (circle one): Mother / Father		Cell Phone:	
<b>Circle at least ONE Job</b>			
BOARD MEMBER (free)	AGE GROUP COORDINATOR (free)	COACH	ASST COACH
SPONSORSHIP	REGISTRATION NIGHT	ADMIN TASKS	PUBLICITY/ SIGNS
NEWSLETTER	EQUIPMENT HELP	FIELD PREPARATION	PARADE (Fall Season only) CONCESSIONS
<b>Secondary Guardian</b> (circle one): Mother / Father			
Street Address (if different)	City	State	Zip
<b>Email Address</b>		Cell Phone:	
<b>Circle at least ONE Job</b>			
BOARD MEMBER (free)	AGE GROUP COORDINATOR (free)	COACH	ASST COACH
SPONSORSHIP	REGISTRATION NIGHT	ADMIN TASKS	PUBLICITY/ SIGNS
NEWSLETTER	EQUIPMENT HELP	FIELD PREPARATION	PARADE (Fall Season only) CONCESSIONS

Please check each box to signify that you understand and agree to abide by our policies.

- Refund Policy      Full refunds for players PRIOR to the first practice. No refunds after the first game. There are no refunds for major injuries during the season. All refunds are minus a \$25 processing fee.
- Play Up Policy      SRYSC follows the US Club age matrix to determine in which age group children play. Age groups are based on how old a child is on JULY 31<sup>st</sup> (before the start of the season). For example, a child that is 7 on Jul 31<sup>st</sup> will play with Under 8 (U8), even if they turn 8 on Aug 1st or during the season. In contrast, a child that turns 8 on July 31<sup>st</sup> will play with Under 9 (U9). Please refer to the age matrix on our website (<http://www.sanrafaelsoccer.org/teams.html>).
- Volunteer Policy      A mandatory volunteer fee is paid at the time of registration. The volunteer fee is reimbursed once the volunteer hours are complete. It is the volunteers own responsibility to contact the club to request the reimbursement.

**FOR LEAGUE USE ONLY**

Birth Certificate ( )	Birthdate Verified (initials)	Player Pass YES/ NO	Play Up Form ( )
Reg Fee ( )	Late Fee ( )	Volunteer Fee ( ) sibling donated waived	Misc Fee 1 ( )
Scholarship ( )	Family Disc ( )		Misc Fee 2 ( )
<b>TOTAL PAID</b>	Check No.	Cash or Money Order	<b>Reg Initials</b>