

# San Diego Surf Soccer Club Grassroots Recreation Program

## PLEASE PRINT

Today's Date \_\_\_\_\_ Session Day: \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs.  
Session: \_\_\_ Sept. \_\_\_ Oct. \_\_\_ Both  
T-Shirt size: \_\_\_ YM \_\_\_ YL

Player Name \_\_\_\_\_  
Last First Nickname

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade in School \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Are you currently playing on a soccer team? \_\_\_ Yes \_\_\_ No If yes, where are you  
currently playing? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

### Medical Release

I, the Parent, Guardian of the player named herein, acknowledge participation in the sport of soccer, as in many sports, may result in injury. The undersigned parent/guardian therefore releases the California Youth Soccer Association – South, its member leagues, teams, agents, officers, coaches and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation, except to the extent and in the amount covered by the CYSA-South accident reimbursement plan.

Name: \_\_\_\_\_  
Parent/Legal Guardian (Please Print)

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

### Consent for Medical Treatment (Minor)

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 \_\_\_\_\_ Date \_\_\_\_\_