

JLYSSL U6 & U8 Registration 2009-10

PLAYER INFORMATION

Legal First Name: _____ Mid Init: _____ Last Legal Name: _____

Date of Birth: _____ Gender: M F Mother's Birth Date (MM/DD): ____/____/____

School (during season): _____ Grade: _____ Last League: _____ Last Season/Date: _____

Team/Friend/Coach Request: _____
Requests may not be honored in all clubs and leagues - check with your local club/league before completing.

Emergency Contact: _____ Phone: _____ Alt Phone: _____

List any medical conditions that player has that could affect participation: _____

Player's Physician: _____ Phone: _____

PARENT / GUARDIAN INFORMATION

Guardian type: Father Mother Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: M F

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Business Phone: _____ Email: _____

PARENTAL SUPPORT We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help. <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Manager/Parent <input type="checkbox"/> Referee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Concessions <input type="checkbox"/> Board Member/Committee <input type="checkbox"/> Clerk/Financial <input type="checkbox"/> Publicity/Newsletter <input type="checkbox"/> Special Projects/Fundraising <input type="checkbox"/> Sponsor Other: _____

AGREEMENT

We hereby agree that the Soccer Association for Youth (SAY) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

We hereby agree that the Jack London Youth Soccer Sports League (JLYSSL), its member clubs, coaches, officers, and members shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of JLYSSL and its member clubs, and we agree to indemnify and to hold harmless JLYSSL, its member clubs, coaches, officers, members, or designates of any kind from any claim whatsoever.

As the parent/legal guardian of the above-named player I hereby give 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 me or my dependent.

I hereby indicate that I have read, understood, acknowledge, and agree to be bound by the terms of this agreement.

SIGNATURE

DATE

