



Official Use Only:

Date Rec'd: _____ Age _____

Sch\$: _____ Sch #: _____

Total Pd:\$ _____ Ck: _____ Cash _____

Approved by: _____

Yavapai Soccer Club

Select Program 2019/20 Registration Form

PLAYER FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ ZIP _____

DOB ____/____/____ M F YRS OF EXPERIENCE _____ CLUB _____

HM PHONE _____ CELL/TEXT _____ EMAIL _____

PARENT NAME _____ HM PHONE _____

CELL/TEXT _____ EMAIL _____

EMERGENCY CONTACT NAME _____

PHONE _____ RELATION _____

MEDICAL_CONDITIONS _____

Rules and Obligations Agreement/ Release I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Parent/ Guardian Signature: **X**

Date: _____

Consent to Medical Treatment (Minor) - As the parent or 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 my dependent.

Parent/ Guardian Signature: **X**

Date: _____

CODE OF CONDUCT As a parent, coach, assistant coach, team business manager or other affiliate of my child's soccer team, I understand that I am a member of this Association, that I am responsible for complying with all of the rules and regulations of this Association and that I can be held accountable for my actions, as provided in the Yavapai Soccer Bylaws. I understand that it is a privilege to stand along the sidelines and watch children play the game of soccer. While watching the game I will be a role model of sportsmanship for these kids. I agree to be positive with my comments regardless of the outcome of the game. I agree to be tolerant of the officials' calls, whether I agree with them or not, and will encourage my child to do the same. I will do my best to support the referees, especially youth referees, and agree that I will not berate, threaten, curse or in any way physically or verbally abuse an official of any age. I understand that a referee is not obligated to delay the game to explain their calls to anyone. Should I have a complaint about the referee I understand there is a system in place to report the complaint and I will follow those procedures (see Coaches Manual at www.yavapaisoccer.com.) I understand that at no time during the course of the game (including injuries and fighting) will anyone—coaches, parents, substitute players or spectators - enter the field of play without the express permission of the center referee. I realize that all persons on the sideline must be at least one yard back from the touch line. I understand that the enjoyment of the kids playing the sport they love is much more important than the outcome of the game. I will encourage my child at each game to play hard, play fair, respect the referees and other officials and congratulate their opponent. I agree to try my best to make every soccer game, practice or tournament a positive experience for my child and all those around me.

Signatures Required :

X _____ **Date:** _____ **X** _____ **Date:** _____

Father/Guardian Mother/Guardian