



A Member of California Youth Soccer Association –South  
**San Diego United Futbol Club**  
**2011~2012 Tryout Registration Form**

*Do not fill out this area:*

VERIFIED AGE: (do not fill out): \_\_\_\_\_ TRYOUT NUMBER \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GIRL \_\_\_ BOY \_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
HOUSE NUMBER & STREET NAME

\_\_\_\_\_  
CITY STATE ZIP CODE HOME PHONE

CLUB / TEAM/COACH LAST SEASON \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ BEST PHONE #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BEST PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS OR LIMITATIONS: \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IMPORTANT:** I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of CYSA-South, its affiliates organizations and sponsors.

Recognizing the possibility of physical injury associated with soccer and in consideration 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 affiliates organizations and sponsors, their employees 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 the or from the same, which transportation I hereby authorize.

**Signature:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Date:** \_\_\_\_\_