



A Member of California Youth Soccer Association –South
San Diego United Futbol Club
2010~2011 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: _____

