



# SV Eagles Youth Soccer Academy Player Registration Form

Revised 2-12-16

PLAYER PHOTO



### Registration Instructions:

This form must be filled out completely and legibly with all signatures to participate with a Silicon Valley Eagles Youth Soccer Academy program. *A copy of player's Birth Certificate or passport card is required at time of registration for DOB Verification.* This form is required for player participation in any SV Eagles Youth Soccer academy program or tournament. No formal contract or written commitment may be signed by or on behalf of the player to commit a player to a specific SV Eagles Youth Soccer Academy team.

### IMPORTANT:

I, the parent/guardian of the registrant, the below-named player, a minor, agree that the registrant and I will abide by the rules and regulations of the SVEYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the SVEYSA accepting the registrant for its soccer programs and activities (Programs). This signed statement certifies that my child is medically cleared to attend the Silicon Valley Eagles Youth Soccer Academy activities. This signed statement certifies that my child has an insurance coverage during the SVEYSA activities.

I, for myself and the registrant (player) and our respective heirs, administrators and successors, intending to be legally bound, hereby release, discharge and/or otherwise indemnify the SVEYSA, its affiliated organizations and sponsors, their employees and associated personnel, the owners and operators or 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 SVEYSA Parties the right to use the player's name, pictures and /or likeness in printed, broadcast, website and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: \_\_\_\_\_

Parent/Legal Guardian (please print)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE ONLY

Fall \_\_\_\_\_ Winter \_\_\_\_\_

Spring \_\_\_\_\_ Summer \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

Home SV Eagles YSA

### PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help (Training will be provided).

- Team Coordinator/Parent
- Referee
- Field Preparation (Practices and games)
- Concessions
- Publicity/Newsletter/Marketing
- Games Photography /videography
- Special Projects/Fundraising
- Sponsor
- Other: \_\_\_\_\_

League/Team Participation  
U06 \_\_ U07 \_\_ U08 \_\_ U9 \_\_ U10 \_\_ U11 \_\_ U12 \_\_

Boys \_\_\_\_\_  
Girls \_\_\_\_\_

Player Registration #:

Player's First Name

Player's Last Name

DOB

Age

Sex

Parent/Guardian's Name

Cell Phone #

Home Phone #

Street Address

Apt #

City

Zip Code

CA

E-Mail Address

Emergency Contact

Emergency Phone #

Insurance Information (No Player will be admitted without insurance coverage!)

Insurance Company:

Policy #

Insurance's Phone #

Doctor to Notify:

Doctor's Phone #

### CONSENT FOR 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.

Signature of Parent or Guardian X \_\_\_\_\_



OFFICIAL USE ONLY

Birth Date Verified Yes No

Registration Paid Yes No

[ ] Online [ ] Cash

[ ] Check # \_\_\_\_\_

Date \_\_\_\_\_