



SOUTH CACHE SOCCER LEAGUE

YOUTH PARTICIPANT REGISTRATION FORM



PLAYER INFORMATION

Player's Full Name: _____ **Date of Birth:** _____ **Male** **Female**
Player's Mailing Address: _____ **City:** _____ **Zip:** _____
Player's School: _____ **Home Phone:** _____
Email Address: _____ **Cell Phone:** _____
Emergency Contact (Other than parent): _____ **Emergency Phone:** _____
Physician Name: _____ **Doctor Phone:** _____
Current injuries, physical limitations, or other medical conditions the coach should know about: _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name 1: _____ **Relationship:** _____
Parent's Mailing Address: _____ **City:** _____ **Zip:** _____
Email Address: _____ **Home/Cell Phone:** _____
Parent / Guardian Name 2: _____ **Relationship:** _____
Parent's Mailing Address: _____ **City:** _____ **Zip:** _____
Email Address: _____ **Home/Cell Phone:** _____

Volunteers

Coach: **Assistant Coach:**

Parent Agreements (Required by UYSA)

I have read and agree to abide by the Parent Code of Conduct. Initial _____
 I have read and agree to abide by the Concussion Policy. Initial _____
 I have read and agree to abide by the Photo Release. Initial _____

Consent for Medical Treatment

As parent or legal guardian of the above-named minor. 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 deemed necessary to preserve the life, limb, or well being of the registrant.

Parent / Guardian Signature: _____ **Date:** _____

Participant Risk Statement

I, the undersigned, am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and/or death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor, of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation

Parent / Guardian Signature: _____ **Date:** _____

ADMINISTRATIVE USE ONLY

League Name: South Cache Soccer League
Age Group: _____ **New Player (Circle):** Yes / No **Birth Certificate Verified:** Yes / No
Registration Fees: \$ _____ **Total Amount Received:** \$ _____ **Cash or Check #** _____
Received by: _____ **Date:** _____

* South Cache Soccer reserves the right to use the given email addresses for the benefits of the South Cache Soccer League.