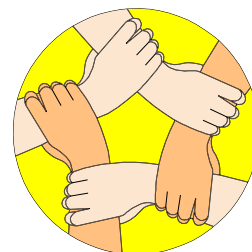


**SAN PABLO UNITED YOUTH SOCCER CLUB
PLAYER REGISTRATION**



PEE WEES FALL 2017
(3 to 7 years of age)

PLAYER INFORMATION

Player's Name: _____ Boy/Girl Circle one
Address: _____ City _____ Zip _____
Phone (_____) _____ Birthdate _____

PARENT PARTICIPATION INFORMATION

Parent participation is extremely important to help the children have a successful season and is required in order to play. Each child's parent **must** volunteer for a total of 2 hours per season. Some of the possible areas for volunteer work are listed below. Please mark one, or offer your assistance to your child's coach at the parents/coach meeting before the start of the season.

Mother's Name: _____ Father's Name: _____
Phone-Cell (_____) _____ Phone-Cell (_____) _____
Email- _____ Email- _____

EMERGENCY MEDICAL INFORMATION

PERSON TO NOTIFY IN CASE OF EMERGENCY (must be available between 4:00 and 6:00 p.m.):

NAME: _____ PHONE : (_____) _____
DOCTOR TO CONTACT IN EMERGENCY: _____ PHONE : (_____) _____
List any medical problem or prohibition the player has:

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations, including the San Pablo United Youth Soccer Club (SPUYSC), and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities. I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, including the SPUYSC, their officers, employees, and other associated personnel, including the owners of fields and facilities used for the Programs, against any claim by or on behalf of the registrant, including any claim arising from the alleged negligence of any the above and any claim based on a vicarious liability of any of the above for acts of another, as a result of the registrant's participation in the Programs or of being transported to or from the same, which transportation I hereby authorize.

ADDITIONALLY,

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.

Name: _____
Parent/Legal Guardian Please Print

Signature: _____ Date: _____

MAIL FORM AND REGISTRATION FEE ONLY – No photo, no birth certificate required
(\$85.00 with out Uniform Or \$110.00 with uniform
check or money order only, payable to SPUYSC) TO:

San Pablo Pee Wee Soccer

Pee Wees practice twice a week, no Saturday games-no referees. Insurance included.