



WINTER LEAGUE
TEAM NAME

SPUYSC-RUMRILL COMPLEX YOUTH WAIVER & INFORMATION

Participant Information to be completed by parent or legal guardian. Players involved with youth leagues must provide proof of age. Original birth certificate, original passport or valid outdoor soccer pass.

LAST NAME	FIRST NAME	M.I.	BIRTHDATE / /	CURRENT AGE
STREET ADDRESS:				SEX
CITY:	STATE:	ZIP CODE:		
EMERGENCY CONTACT	RELATIONSHIP	PHONE# () -		
DOCTOR:		PHONE# () -		
GUARDIAN NAME :		PHONE# () -		
GUARDIAN NAME:		PHONE# () -		

Do you currently have Medical Insurance? Yes No

LIABILITY/INJURY WAIVER AND RELEASE

I (We) recognize that my signature on this release is a condition of me permitting my child to participate with San Pablo United Youth Soccer Club (SPUYSC). I certify that my child is in excellent physical health and may participate in strenuous and hazardous physical activities, including the sport played at RUMRILL SOCCER COMPLEX and directed by SPUYSC. I certify that there are no physical limits to my child's participation in the sport played at RUMRILL SOCCER COMPLEX and directed by SPUYSC. I (we) understand that participation in outdoor sports can be dangerous and I (we) accept all risks of injury and death.

I (We) accept that San Pablo United Youth Soccer Club is only providing an opportunity to use an outdoor soccer facility. In consideration for the privilege to use this facility, I, (we) agree to assume all risks and release and hold harmless San Pablo United Youth Soccer Club, its staff, agents, owners, officers, property owners, league directors, officials, sponsors and any others having an interest in the facility from all liability, negligence, causes of action, claims, demands and damages of every kind which may arise out of my son/daughter participation in the San Pablo League and all activities at the soccer complex.

I (we) will ensure that the registrant will familiarize (his/her) self with the rules of the games and of the facility and will to the best of his/her ability play under control and avoid injury to self and other persons using the facility. I (We) understand that the registrant's membership and/or participation privilege may be revoked as outlined in the team/player agreement, where states that there is **A ZERO TOLERANCE, ONE OFFENSE AND REGISTRANT IS OUT OF THE WINTER/SUMMER LEAGUE** and fees are **non-refundable and non-transferable**. I (we) accept any and all risk as described above and acknowledge so by signing below.

PLAYER NAME:	PARENT/LEGAL GUARDIAN NAME (PRINT):
_____	_____
	SIGNATURE OF PARENT/LEGAL GUARDIAN:

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. His/her care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Printed Name of Parent /Legal Guardian			Signature		Date
PO BOX 6856	San Pablo CA 94806	Business (510) 222-7295	Cell (510) 367-9335		
Payment _____	Date _____	By _____	Check# _____	Cash ()	